

DENTISTRY

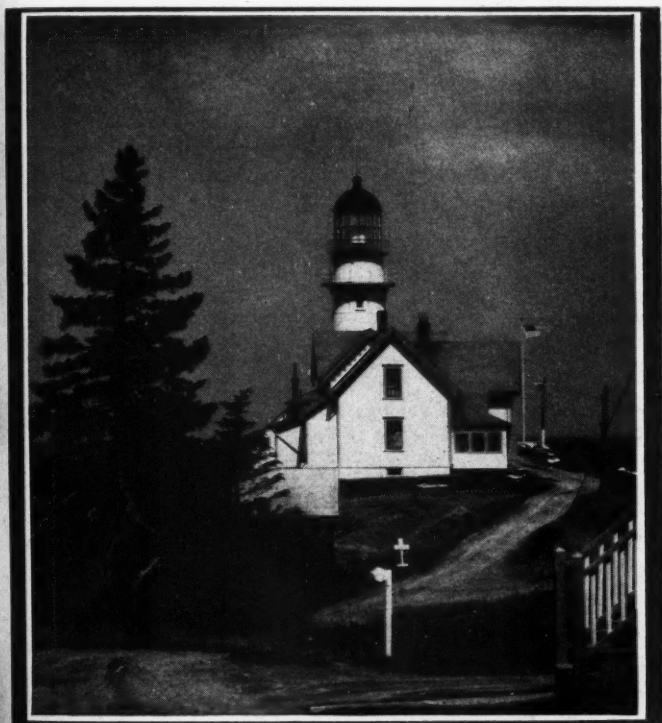
DENTISTRY

- 4 1951

JUN 4

# Oral Hygiene

JUNE 1951



The lighthouse at Cape Elizabeth, Maine  
Maine Dental Society Annual Meeting, Rockland, June 28-30

**In this issue:** *The Tired and Irritated Dentist*



# Sani-Terry HANDPIECES

## Interchangeable Sheaths Impress the Patient as a Sanitary Precaution


You can have **one to 100** sterilized sheaths to use as each patient is seated. Just snap the sheath into place *without adjustment*. Think of the favorable impression created by this move—possible *only* with **SANI-TERRY HANDPIECES**.

**SANI-TERRY HANDPIECES** reduce the discomfort of the patient and lessen the fatigue of the dentist. They are true-running, smooth in operation and free of unnecessary vibration. Work proceeds more rapidly because of the freedom from strain.

Due to the fact that weight is balanced at the point where the handpiece is naturally grasped, **SANI-TERRY HANDPIECES** cause no backward drag on the operator's wrist.

### CLEVE-DENT CONTRA-ANGLE U

The **CLEVE-DENT CONTRA-ANGLE U** may be used with the **SANI-TERRY HANDPIECE** if preferred. It fits accurately over the handpiece and is free from unnecessary vibration.







## Pain-free appointments make everyone happy

It's easier to work with a relaxed patient, one free from the fear of pain. That's why so many dentists today give their patients two Anacin tablets before they arrive at the chair. Anacin has long been recognized for its ability to ease pain and apprehension associated with dental procedure. Anacin acts quickly and effectively. The prolonged analgesic effect helps maintain comfort long after your patient has left the office. So be sure you use Anacin for a painless appointment in your office.

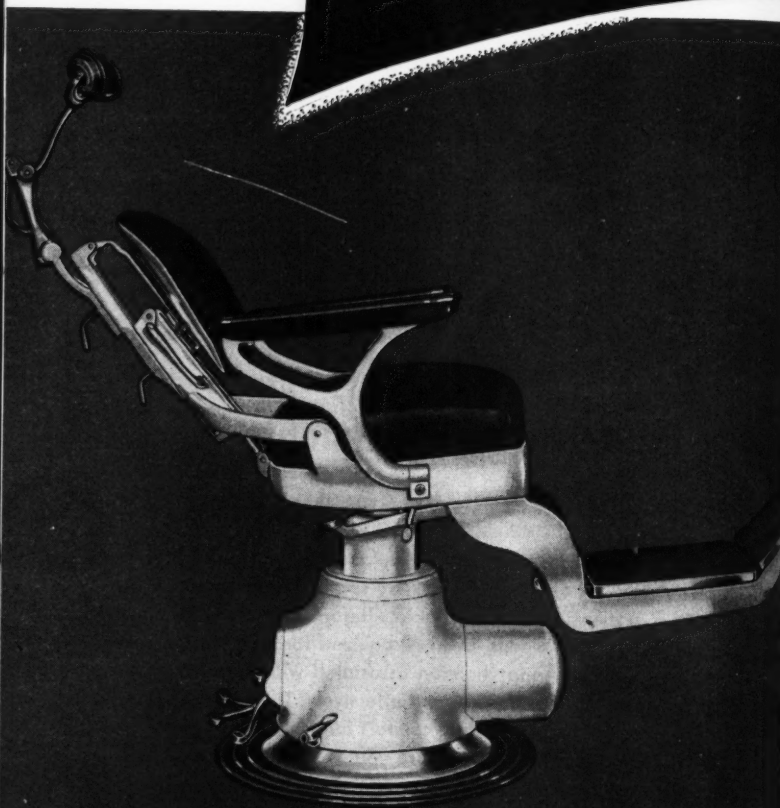
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WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N. Y.

*Five*

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ADVANTAGES  
FOR YOUR**



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EAS  
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# with a modern Ritter Motor Chair

With a modern Ritter Motor Chair you'll labor less, accomplish more, because Ritter is made to facilitate your skill and built to win confidence in your patients.

Check these five big advantages of a modern Ritter Motor Chair and you'll see why the majority of dentists prefer Ritter.

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**SPECIAL PIVOTAL JOINT**—anatomically correct. Maintains the proper relation of back pad, head rest and seat to best fit all patients regardless of changes in chair position.

**VIBRATIONLESS MOTOR**—slight toe pressure brings patient to correct operating level quickly and quietly.

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## The Publisher's CORNER

By Mass

No. 359



### Earl and Junior

THIS JOB has its trials and tribulations, but you have some fun, too. For one thing, correspondence with readers who take a notion to write about something you print. Now and then the correspondence continues and a real friendship results. As a rule, you never meet each other, but that doesn't prevent the friendship becoming stronger through the years.

Occasionally, we do meet; every time that has happened, I have been overjoyed to discover that the hitherto invisible friend is just as grand a lad as he seemed to be at long range. It's like joining a lonely hearts club, and finally meeting the babe who's been your pen pal, and finding that she is just as tasty a bit as you ever dreamed of.

Doctor Earl Cray of Cando, North Dakota, turned out to be like that. Not a tasty bit, of course, but as interesting and as comfortable and as much fun as he always had been during our cross-country correspondence all the years we had known each other before we ever met. Some of Earl's letters made copy for

# Now! Rebase at the Chair

in just  
20 minutes  
with . . .



## In 6 simple steps



Mix vial of liquid  
and 3 spoons of  
powder in jar.



Place DuraBase mix  
in denture.



Insert as in taking  
an impression.



Remove and rinse  
with water.



Re-insert for mus-  
cle trimming.



Remove; let harden  
on bench; then trim  
and polish.

### ACCURATE COMFORTABLE

DuraBase is now firmly established as the precise, permanent rebase. It is as easy to mix and apply as an impression paste—requires no boiling or laboratory procedure. DuraBase smarts mildly, but does not burn. Your patients will be delighted with the exact fit and immediate comfort.

### PERMANENT SATISFACTION

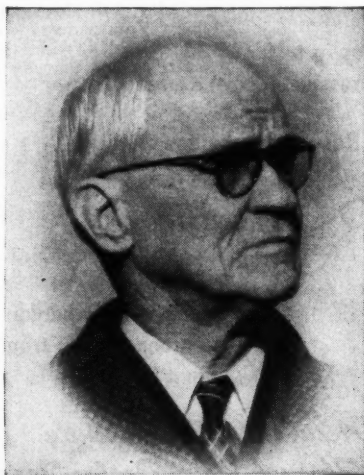
Dura-Base becomes chemically integrated with the denture. A copolymer resin, it's hard setting, non-shrinking—there is no weakening, discoloration, or after-taste. Satisfaction guaranteed or full credit allowed. The \$10 package is sufficient for 20 applications.

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**Reliance DENTAL MFG. CO.**

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the CORNER, but in the main we just blathered about this-and-that, and expect to continue to do so. Now, it will be even more fun. At long last we met, at the Chicago Dental Society Midwinter Meeting last February. We got together in my room at The Stevens, sprawled in easy chairs, and in no time at all it was old-home week. And in no time at all Earl had me crying in my yogurt because in Cando he can stroll to the office and stroll home for lunch (and maybe a small nap) while I'm fighting crowds on the way to work, on the way to lunch, and on the way home. Dear me. No wonder Earl looks so placid, no wonder he is so rosy-cheeked. It is easier for me to understand now why I so often resemble something out of Mrs. Jarley's Waxworks, and act like a flibbertygibbet. Did you ever buck Pittsburgh traffic three times a day? Keep on taking it easy, Earl. Any cozy jobs in Cando for a boy like me—a job I can stroll to?



DR. CHARLES P. WEINRICH

Another CORNER correspondent over a long period of years is Junior. He writes letters postmarked Hammond, Louisiana. Junior and I have never met, but some day we hope to and to put on a real reunion. Don't look now, but that's Junior over at the left. His right name isn't Junior, of course, although his friends call him that and he signs his letters that way. His right name is Doctor Charles P. Weinrich, and when his

Not al  
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FLOR

Citrus  
contain  
and oth

more on  
the side  
of health  
and beauty



# for the full life

## .. plenty of citrus fruit

Not alone during childhood and adolescence,<sup>1,10,14</sup> but throughout adult life as well—optimal nutrition (including liberal vitamin C ingestion) is a sound and helpful prophylactic measure, particularly against periodontal disease<sup>6,9,12,13</sup> (which causes the loss of more teeth than all other dental pathology combined<sup>2</sup>). Since most everyone likes the taste of Florida citrus fruits and juices, your recommendation will invariably be welcomed. For young adults with good oral health, 8 oz. citrus juice daily are advised<sup>4,5</sup> often more for geriatric patients;<sup>11,15</sup> and double this amount when gingivitis is present.<sup>3</sup> In addition to its nutritive contribution, citrus juice at the end of a meal exerts a positive cleansing influence.<sup>7</sup> And citrus fruits when chewed are mechanically and chemically cleansing.<sup>8</sup>

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1 1 1

Citrus fruits—among the richest known sources of vitamin C—also contain vitamins A and B, readily assimilable natural fruit sugars, and other factors, such as iron, calcium, citrates and citric acid.



# FLORIDA

Oranges  
Grapefruit  
Tangerines

### References:

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next birthday rolls around he will be exactly 90 years old. I had no idea Junior was even as old as I am. Most of the time, he sounds much younger. Nothing seems to fret him at all. He gets a lot of laughs out of life.

A bit ago, I discovered that Junior is one of the two surviving charter members of Delta Sigma Delta, the oldest living member, and the oldest practicing dentist on its rolls. When I heard that, I thought I better do something about it, so sent for Junior's photo. He was a dental student at the University of Michigan when the frat was established; he became one of its first ten members when it was founded 68 years ago. He was graduated two years later, in 1884. In the 68 years of Delta Sigma Delta, more than 26,000 men have taken the oath of fidelity. There are chapters not only here in the U.S., but in Canada and Europe and Australia.

Before Junior entered Michigan, he worked in the office of Doctor J. Ward Ellis, who became his preceptor. In fact, Junior did operative work for five years before he entered dental school. After he had earned his diploma, he returned to Doctor Ellis's office to practice. Then came an interlude; he went to work for S. S. White in Chicago. But before long he returned to practice. For twenty-one years (until 1929) he practiced in San Pedro Sula, Honduras, Central America. Then he came back home, and set up his office in Hammond. Junior is still at it, devoting himself mainly to prosthetics.

Lively as a cricket, he played tennis until about five years ago. He is still a hot shot as a horticulturist. In earlier days, he loved to fish. And he was quite handy as a musician, they say. "Handy" is right. Our Junior mastered the banjo, guitar, mandolin, and the bass and snare drums.

Ah there, Junior! It's about time for another one of those letters of yours. They always cheer up this department.

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# AUREOMYCIN

*Lederle*

The dentist who does not believe in borrowing trouble uses aureomycin prophylactically, as well as therapeutically, and administers the drug whenever there is a possibility that infection may develop following orosurgical procedures.

Aureomycin is now available in several forms adapted particularly to use by the dental profession, including soluble tablets, dental cones and dental paste. Aureomycin may be used as an adjunct for the prevention or treatment of bacterial infections commonly encountered in dental surgery, including necrotizing gingivitis, pericoronitis, acutely infected pulp, acute abscess, periodontal pocket, acute suppurative pulpitis, and periapical abscess, as well as for the prevention of infections following extractions. The tablets may be used locally by applying directly to the affected area as a cone or in a solution. Cones may be used whole or crushed. Paste should be formed to suit the cavity and applied directly. In severe infections, it is necessary to support local therapy by the oral administration of aureomycin capsules.

*Aureomycin dental products are available through pharmacists.*

Soluble Tablets: *Tubes of 40, 50 mg. per tablet.*

Dental Cones: *Tubes of 12 cones.*

Dental Paste: *Jars of 5 Gm., 30 mg. per Gm.*

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XUM



To take an accurate impression you need a material that has the right consistency to conform *accurately* to all the natural contours of teeth and tissue. DEELASTIC does just that. This true reversible hydrocolloid has a creamy-smooth consistency that flows freely yet is easy to control. Also, it can be readily withdrawn in one piece without distortion. Patients like it because it does not cause discomfort and has a pleasant flavor. If you have never used DEELASTIC we suggest you try it. Once you do, we're confident you will agree with the many dentists who use it—they regard DEELASTIC as the "ideal impression material."



DEELASTIC is supplied in convenient metal tubes and is available also in small cartridges for use in hydrocolloid inlay technic.



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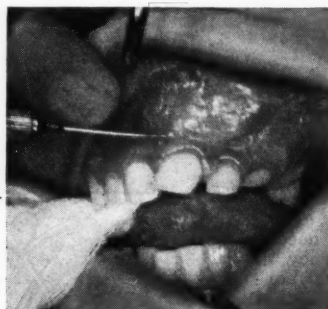
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DENTIGEROUS MAXILLARY CYST  
—Radiographic examination . . .  
extraoral and occlusal radiographs  
(latter at right) . . . showed large,  
radiopaque, soft tissue mass with  
small mesiodens in cyst.

("Oral Surgery," Kurt H. Thoma,  
D.M.D. Courtesy: The C. V. Mosby  
Company.)



**"See" with greater accuracy...**  
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DENTIGEROUS MAXILLARY CYST—After submucous injection of mono-  
caine epinephrine to prevent bleeding (left), an inverted U-shaped incision  
was made in upper labial mucosa down to alveolar bone. Flap was turned  
back, and a window made with a gouge exposing large cystic cavity (right)  
full of amber-colored fluid. Fluid was aspirated; cystic membrane carefully  
enucleated in one piece.

("Oral Surgery," Kurt H. Thoma, D.M.D. Courtesy: The C. V. Mosby Company.)

**For finest results: USE**  
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By MEANS OF RADIOGRAPHY the dentist can "see" deeply, visualize areas otherwise impossible to observe . . . an invaluable asset, for example, in surgery involving deep-seated cysts of the jaw. The additional information provided by occlusal radiographs may determine the whole course of diagnosis and treatment.

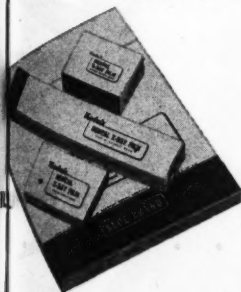
In all situations where radiography is indicated, the dentist has assurance of maximum aid when he chooses Kodak Film and Kodak Processing Chemicals. These x-ray materials are made to work together . . . to produce finest results.

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2. *Kodak X-ray Processing Chemicals*—Kodak Concentrated Dental X-ray Developer . . . Kodak Concentrated Dental X-ray Fixer.

**Other Kodak Products for Dentists:** Film Chest, Dispenser, Receptacle . . . Exposure Holders . . . Intensifying Screens . . . Safelight Lamps and Filters . . . Processing Tanks . . . Processing Hangers . . . Thermometer . . . Mounts . . . Film Corner Cutter.

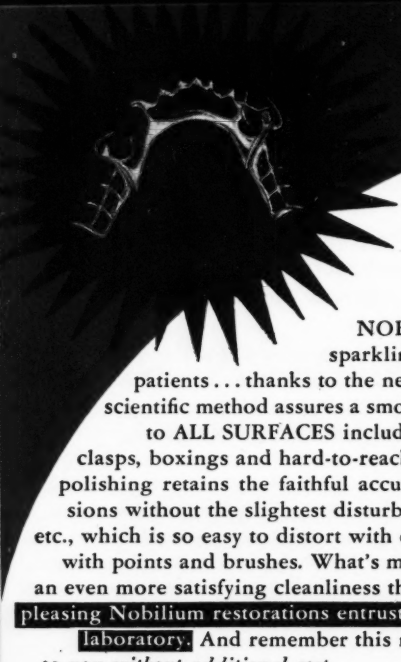
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REMEMBER — do not confuse rapid injection with speed of anesthesia. Inject slowly and gently for best results.

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XUM

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It's a fact! Not only can you bank on Luxene 44 for its strength, toughness, and maintenance of fit but you put money in the bank when you use it. That's the money (and time and trouble) you spend on repair and readjustment of dentures broken because of lack of toughness of acrylic material. You see, Luxene 44 is a Vinylite\* plastic two to three times stronger and tougher than acrylic plastic. That's why it is used every day for partial cases in which no other plastic material has proven successful. And many dentists will tell you that they've had *no* breakage in full dentures since they have used Luxene 44.

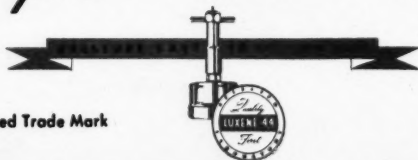
You can bank on it and bank what you gain when you

**SPECIFY**

# LUXENE 44

the *Vinylite*\* Denture Base Material

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**RAPID**  
onset...

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tolerance...

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anesthesia...

for simple extractions

REMEMBER — do not confuse rapid injection  
with speed of anesthesia. Inject slowly and  
gently for best results.

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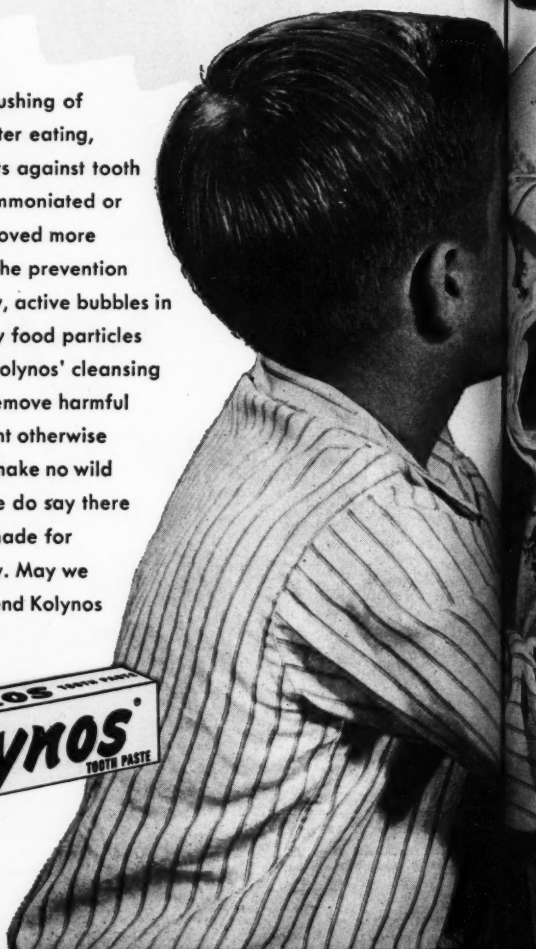
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# BETWEEN VISITS—

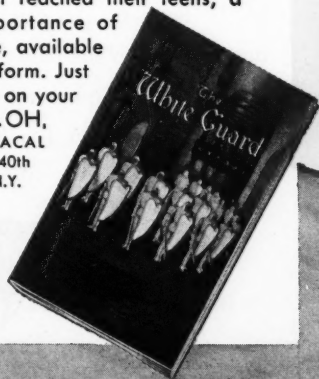
## **Kolynos Helps Protect Their Teeth**

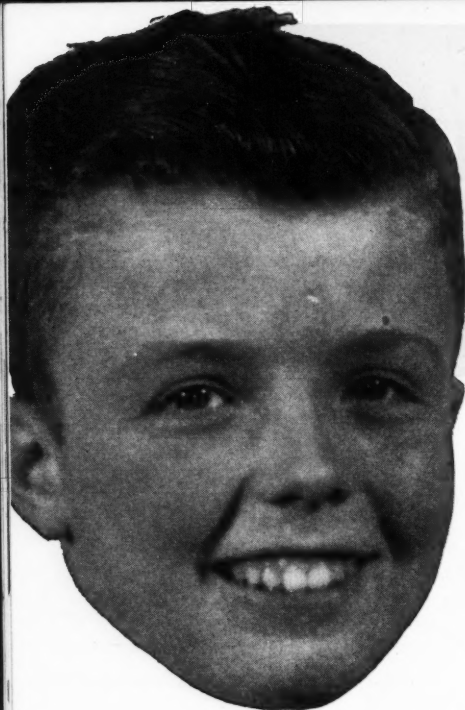
Regular brushing of the teeth with Kolynos, after eating, helps protect your patients against tooth decay. No tooth paste, ammoniated or not, has been clinically proved more effective than Kolynos in the prevention of tooth decay. The foamy, active bubbles in Kolynos help dislodge tiny food particles from between the teeth. Kolynos' cleansing agents help loosen and remove harmful dental plaques which might otherwise lead to tooth decay. We make no wild claims for Kolynos, but we do say there is no better tooth paste made for prevention of tooth decay. May we suggest that you recommend Kolynos to your patients?





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# Thanks to Dentistry

Many children today are looking forward to a healthier, happier life, thanks to the work of the Dental Profession. Early preventive and corrective care now saves countless children from going through life with

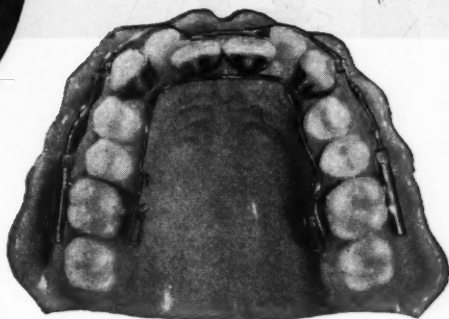
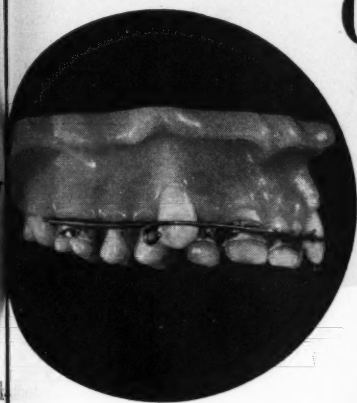
abnormalities that might have seriously affected personality and facial appearance as well as masticating functions and general health.

Protruding, overlapping, or retruding teeth are readily apparent even to the layman, and can easily give a child an inferiority complex or otherwise alter his true personality. Modern orthodontia corrects such abnormalities and permits a child to develop normally and happily. Dentistry deserves the highest praise for this fine service providing lifelong benefits.



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As part of its complete service, BOOS maintains a staff of technicians who are experts in the construction of orthodontic appliances.

You can depend on this staff for expert construction and an understanding of all types of appliances, from simple retainers to full labial or lingual arch bar appliances. We will be glad to send estimates at your request. There is no charge—just send a description of the case, full upper and lower models, and a bite.

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Yes, dentists throughout the country use BOOS complete, dependable laboratory service. We are confident a trial case will show you why they find it so worthwhile—and how you, too, will benefit by sending your cases to BOOS. Plan to send your next case. Service is always prompt and reliable.

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*Portrait*

OF A MAN  
WHO  
SOLD HIS

**DENTAL SCRAP**

*to Goldsmith*



*Remember*

WE CAN SEND YOU A  
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**2** ACCURATE SCIENTIFIC ASSAY with most modern equipment—backed by 80 years' experience—determines maximum values, and eliminates the human element present in ordinary estimates.

**3** MAXIMUM REFINERY RECOVERY of metals ordinarily lost in the form of smoke, vapors, or gases, enables us to make maximum payment.

**4** MIDDLEMAN'S PROFIT is eliminated; we pay you direct—and in full.

LET OUR CHECK PAY FOR  
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## *The Porcelain Tooth Of Greater Strength*

You do not have to put up with excessive breakage in modern transparent enamel teeth! If you are one of many having undue breakage, then switch to the original of all transparent enamel teeth — Myerson's True-Blend — more beautiful and stronger than any of its imitators, stronger even than the old opaque type of tooth.

Read what these dentists and laboratories say, based on their actual experience with Myerson's teeth.

### *From a Boston dentist . . .*

who has been wearing Myerson's True-Blend in his own mouth since 1940; "I have remade the case several times but always use the same teeth. I've had no breakage. Personally we use Myerson teeth exclusively in my office because they are stronger and more beautiful."

### *From a New Jersey Laboratory . . .*

"From the technician's angle — I have very little breakage with Myerson's teeth."

### *From a dental clinic in Chicago . . .*

"Everyone in the circle agreed with me 100%. They had far less checked teeth trouble with Myerson's than with any others."

These and many other testimonials are from actual letters in our files.

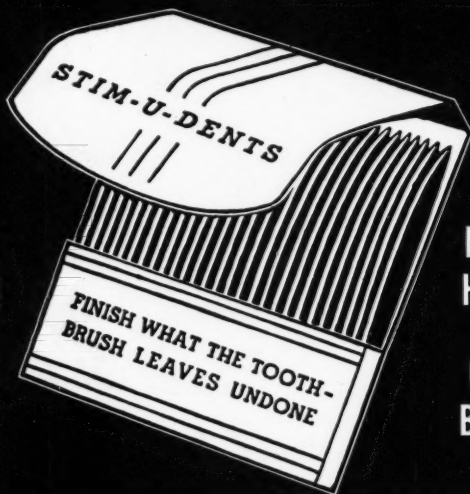
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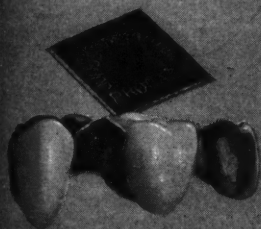
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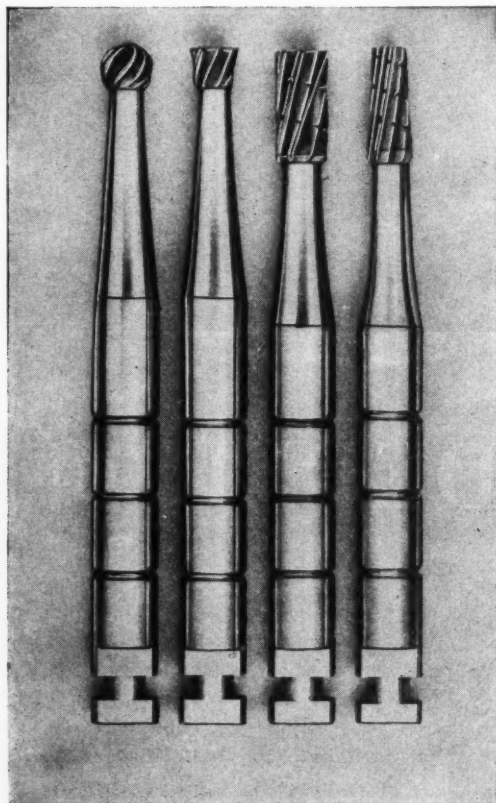


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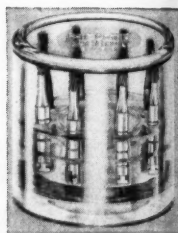
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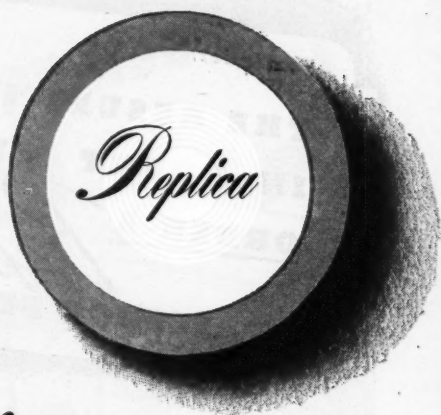


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Picture of the Month .....	803
A Dentist Talks Back .....	<i>William Byron Kinney, D.D.S.</i> 805
Your Insurance in Wartime .....	<i>W. Clifford Klenk</i> 809
Are You an Ostrich-Dentist? .....	<i>C. W. Garleb, D.D.S.</i> 817
The Tired and Irritated Dentist .....	<i>Harry C. Peake, D.D.S.</i> 820
So the Patient Wants a Guarantee? .....	<i>Harold Gluck, Ph.D.</i> 824
Dental Training Takes Too Long .....	<i>Philip Parker, D.D.S.</i> 828
Portraits and Profiles of American Dentists .....	<i>Howard A. Hartman, D.D.S.</i> 832

# DEPARTMENTS

The Publisher's Corner .....	768	Editorial Comment .....	834
Dentists in the News .....	814	Technique of the Month .....	836
So You Know Something .....		Ask Oral Hygiene .....	837
About Dentistry! .....	831	Laffodontia .....	844

## EDITOR

Edward J. Ryan  
B.S., D.D.S.

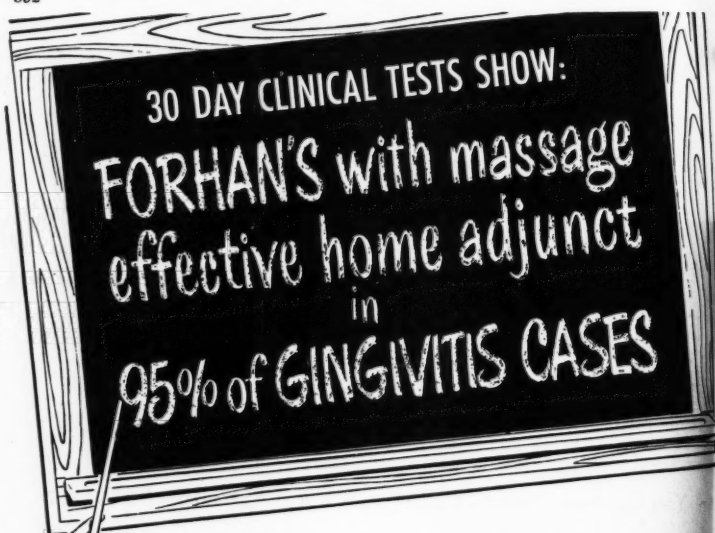
## ASSOCIATE EDITOR

Marcella Hurley  
B.A.

## ASSISTANT EDITOR

Marie Frances Meany

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## Picture of the Month



DOCTOR Louis P. Laville of Plaquemine, Louisiana, is shown here receiving the Award of the Silver Beaver from J. Evans Delahaye, another prominent scouter of the Istrouma Area Council, Boy Scouts of America. The Silver Beaver is the highest award that can be made by a local council in recognition of outstanding service to boyhood by registered members of the Boy Scouts of America. A former president of the Louisiana State Dental Society, Doctor Laville is active in many worthwhile civic projects and his leadership has been an inspiration to many scoutmasters—*Photograph submitted by T. Waldo Morgan, D.D.S., Denham Springs, Louisiana.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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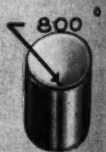
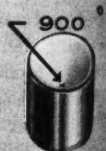
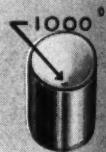
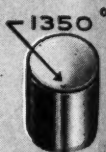
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## A Dentist Talks Back

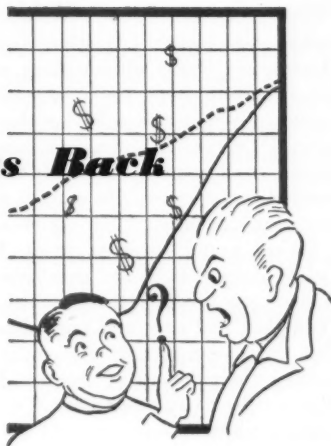
BY WILLIAM B. KINNEY, D.D.S.

I WAS sitting at the Walgreen coffee counter when Lou dropped into the next seat.

"How do things look to you, Doc?" asked Lou.

It was during the last period when John L. Lewis' boys were out and the country was worried plenty about it. I said things would look a lot better if someone could tie up old Bushy Brow. Just as I said this, an unprepossessing person of unpleasant odor, few anteriors, and the general demeanor of an escapee from Skid Row sat down on my left and demanded to know what the hell was wrong with John L. Lewis. His belligerent attitude, plus his two hundred pounds and six feet of bone, fat, and muscle as opposed to "Treat-'em-Rough Kinney" weighing in at 147, was hardly reassuring as I recalled the old biblical statement about a "soft answer turning away wrath"; so I made mine soft—about like a two-minute egg.

He gave me the works—much



*Our road to economic independence is rugged, too!*

to the delight of the customers and bystanders. The guy was good. I could almost sense a tear or two as he reeled off the story of poverty, hardship, and danger of working in deep holes in the earth; how the Taft-Hartley law had made slaves of the working man. (On \$90 a week for five days from \$23 in 1939, it looked like the "slaves" were doing right well.) When this bird finished, he had the expression of Sugar Ray Robinson as he was acclaimed victor over Jake La Motta.

The lunch customers obviously enjoyed the oratory of our guest commentator and glanced at me with a "Well, how about it?" look. When I was quite sure he had run out of ammunition, I timidly

asked how much education and how many years of schooling a man had to have to be a coal miner. He stumbled a bit on that one. I pursued by inquiring how much capital outlay a miner required for his tools. He dodged a bit but admitted that a few "bucks" would cover expenses. I asked him if miners had cars, television sets, owned their homes. Yes, they had cars and television but the so-and-so coal companies owned their homes. I suggested that on their pay there seemed no reason why the miners could not own their homes. Well, they had to have vacations, didn't they? And those cost money, didn't they? I opined that they did and I said further that we dentists could enjoy a vacation with pay, too. (Up to now he didn't know that I was a dentist, but the look he gave me when he found I didn't carry a union card was akin to what must have been displayed by the original discoverer of "The Thing.") I suggested that the holes the miners worked in were oases in the desert compared to some of the holes we dentists waded around in, what with halitosis, pyorrhea, disease, germs, abscesses, goo, blood, and corruption in general. About this time I noticed several of the lunch customers seemed to have lost their appetite, but I carried on regardless.

I asked about miners' overtime pay—time and a half for overtime? I hinted that dentists would

go for that, too, and we'd also go for pensions, paid vacations, hospitalization and other fringe benefits. As I remarked earlier, he had a few anteriors and as he saw me giving those a look he said that he, like all the working people, needed his teeth "fixed" but, because dentists were highway robbers, workers couldn't afford to have it done. Furthermore, he was going to have his "fixed" for free when socialized dentistry came along. I reminded him that under socialized dentistry someone had to pay and asked if he thought it fair to tax someone else to pay for his dentistry, even though that other person was paying his private dentist for his own service. He wasn't interested so long as he got his free. I further reminded him that the government did not produce a cent's worth of wealth; that its greatest production was red tape and chaos; and that any so-called distribution of wealth had to be taken from the citizens by taxation. He was unimpressed and held out for "free" dentistry because the working people simply don't have the purchasing power to pay for it.

"So you can't afford to pay for your dentistry? Let's see what you did with your purchasing power in 1949. According to government statistics, you spent ten billion four hundred million buying automobiles and parts, and four billion eight hundred million for oil and gas necessary to propel them



in your search for recreation—for which you spent another three billion nine hundred million. And just to make the jaunt more interesting, you smoked four billion three hundred million dollars' worth of tobacco and consumed nine billions of John Barleycorn's production. In 1948 you spent for dentistry the comparatively insignificant sum of eight hundred sixty-four million dollars."

As I tossed the foregoing barage of statistics at him, he seemed a trifle dazed but came up with this gem: "I don't know nuthin' about your figures, but I still think you guys got it pretty good—nice pleasant office, no outside work in bad weather, work when you want to, banker's hours, long vacations, high prices (five bucks for a five-minute filling), cash on the line. [Oh yeah?] You don't have to go after business [No?]; it's there waiting for you." And so on, quite unknowingly painting a picture of a dentist's dream of heaven.

That was my cue. I gave him both barrels. "So, Mister, you think it's that easy, eh? Well, it looks like you and a lot of other folks need a little enlightenment regarding dentists and their problems. To reach economic independence, here's all you have to do: go through eight years of grammar school, four years of high school, two years' college for preidental study, then four years of dental college. Total cost? The

trifling sum of \$15,000. Now if your Pop has been real thrifty, saved his pennies and dimes, and has the proper attitude toward his son's education, you probably will be able to touch him for this amount.

"This makes eighteen years of your life used up in preparing for your trip to Shangri-la. So you sail along optimistically through grammar, high, preidental, and up to the last semester of your senior year. Then you get a little scared about whether or not you are going to graduate. If lucky, all that happens to you is a slight touch of pseudonervous breakdown. This is usually not serious and, according to the records you will, like the rest of us, graduate in due course. Maybe magna cum laude, but probably not. At last, you have that most coveted piece of paper—your diploma, upon which is beautifully scrolled in bold Old English your name and degree, 'Doctor of Dental Savagery' (I mean, Surgery). You gaze upon it oh, so affectionately.

"As the novelty and excitement wears off you get another chill—quite a severe one this time as you face your fate before the Inquisition Committee, known to the layman as the State Board of Dental Examiners. After having the pants scared off you during the torture period, you go home for a rest and for the next six weeks you have a spasm every time the postman rings. 'Did I pass or didn't

I?" The Board, like Jimmy Durante, shows no mercy and keeps you in suspense as long as the statutes of limitations permit, but finally gives you the happy news that you are now a duly licensed dentist, privileged to practice your profession, *if* you can get anyone to practice on.

"So, now back to Pop. 'Pop,' you said, 'I'm in dire need of five thousand simoleons to purchase the necessary equipment for that twenty-thousand-dollar practice I'll have within a year.' 'No soap, Son,' says Dad, 'I'm broke.' So you go to a trusting dental supply house and after the usual preliminaries, such as mortgaging your hopes of the hereafter at 6 per cent, they duly equip your office, laboratory, and reception room and now, at last, the great day has arrived. Oh boy!

"Three days—not a patient. The fourth day you decide to call on one of your classmates for consolation. Same situation. No business. And so, after the full pack of smokes are used up, you decide to seek advice from an Old Timer. 'Be a joiner,' says he. 'If people don't know you, they won't come to you. Join everything, get acquainted.'

"So, from then on, you are a regular at church; you join the Lions, Kiwanis, Optimist Club, the Legion, if eligible; and you go to every shindig to which you are invited, and in general keep pretty much in the spotlight.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

#### ORAL HYGIENE AWARD

This article by WILLIAM BYRON KINNEY, D.D.S., has won the \$100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

"Time marches on. And in its wake your first patrons appear slowly. At first they are your friends who expect you to give them a generous cut in your schedule of fees. You might as well, because they don't intend to pay you anyway; and if you try to collect, you automatically become a grasping miser!

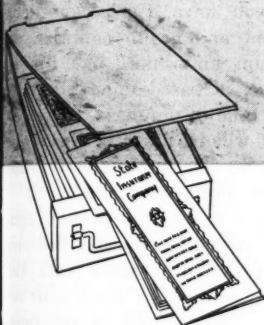
"But, by and by, with all of your lights burning brightly to guide the wandering swollen jaw into your office, things begin to pick up. But it's a long, long time before the line forms to the right and begins paying under the table for the privilege of getting in to enjoy your services. Yes, it's a rugged road from your starting point to where, in the distance, you can shout 'Shangri-la, here I come!' But it's great when you have arrived."

My uninformed and unconvinced guest was last seen on an east-bound Madison Street car heading for—you guessed it—Skid Row, engrossed in the editorial page of the *Daily Worker*.

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# YOUR INSURANCE IN WARTIME



BY W. CLIFFORD KLENK

HAVE YOU been called into Service? Do you expect to be called? Among the details requiring your attention as you enter military life are your various insurance policies. Your Service status will make some of them unnecessary. Others carry restrictions you should know about now to avoid future disappointment. Some should be revised with premium changes. Here, then, are some brief suggestions that can prove helpful. The most important fact to remember

## *Some timely insurance considerations for the Service-bound dentist.*

is that none of the several forms of insurance commonly carried by the dentist cover loss due to "acts of war." Life insurance is the one exception.

**Automobile:** If you are putting your automobile in storage, cancel the liability, property damage, and collision insurance. Retain the fire and theft. On the other hand, if you are taking your car to your assigned post, keep all coverage, but inquire if the rates are different at your new location. Should the rates be lower, the company will grant you a pro rata premium refund. If they are higher, do *not* notify the company of your change of address. There is no

provision in any automobile contract requiring you to notify your company each time you change your location *during any policy period*. However, upon renewal of the contract, you must notify the company and pay the rate applicable to the territory in which you are then using the car.

**Annuities:** An annual premium deferred annuity without life insurance, yielding a monthly lifetime income at 55, 60, or 65, is a pure savings plan. If your military service income prohibits its continuance, simply lapse it, leaving the paid premiums with the company. They will continue to collect interest and will yield a reduced income at retirement age; the income being proportionate to the sum accumulated when you start the income. Or you may withdraw the cash value of the annuity. Again, having lapsed the contract and withdrawn no cash, at a future date you may reinstate it, paying all back premiums with interest at 5 or 6 per cent compound interest.

**Accident and Health:** Watch your step! Unlike many forms of insurance, there is no standardization of benefits, costs, or conditions among accident and health contracts. None will cover death or disability caused by *an act of war* at home or abroad. A recent announcement by many, not all, accident and health companies will make the companies liable for full benefits to those in Service if

the disability occurs in any of the forty-eight states or the District of Columbia, but not abroad. Injury, sickness, or death resulting from an act of war or invasion will not be covered, nor will the Double Indemnity benefit be effective during military service. Check with your company as to its attitude toward military service. Get its position on this *in writing*.

If you have a non-cancellable accident and health contract, the premium for which, like life insurance, is based upon your age at the time of purchase, make certain it will be effective while you are in Service, subject to the limitations previously stated. If it does not cover this period, then ask if you may suspend the contract for the duration with the right to reinstate it upon your return to civilian life at the same premium, regardless of your physical condition at that time.

**Burglary and Theft:** If you practice at your home residence, theft insurance costs you 50 per cent more than if no business were conducted on the premises. When you close your office, have the policy endorsed to exclude professional occupancy and receive a return premium. If you have a *locum tenens*, make no change. If your policy is endorsed to cover "theft away from the premises" (your home), retain this feature. It will continue to cover theft losses sustained by you and your family such as clothing, jewelry,

of the luggage. However, this applies only in the Western Hemisphere.

**Fire:** Are you putting your equipment in storage? Then change your policy to cover it at the warehouse, where rates are generally higher. You may practice in a state requiring a coinsurance clause. This clause provides that the total amount of fire insurance carried equals 80 per cent of the value of *all* your insured property at the time of fire, with "proper allowance for depreciation, howsoever caused." Failure to meet the requirements of this clause means you will not collect in full on any *partial* loss, but only the proportion that the amount you carry bears to 80 per cent.

Few people realize that 10 per cent of the total of fire insurance carried on the contents of their home applies to loss by fire away from home premises, but within the United States and Canada. For example, your suit is destroyed by fire while at the dry cleaners. Your fire policy covers the loss, not exceeding 10 per cent of the amount of insurance carried.

Is your household fire policy written in your name, your wife's, or both? Have it endorsed to show only her name while you are in Service. If it is issued in the names of both husband and wife, the claim draft must be signed by both—and you may be in Korea when the claim is paid.

**Vandalism and Malicious Mischief:** If your house is to be

closed while you are away, this supplementary clause, which for a negligible additional premium can be added to your fire insurance, is worth while. The coverage is exactly what the name implies. An empty house can be an attractive playground for juvenile Hopalong Cassidys.

**Malpractice Liability:** Keep this insurance. Judgments have been rendered against dentists while they were in Service. Ask your company if a rate reduction is allowed while you are in the Army or Navy. Some companies charged dentists in Service less during the last war.

**Owner's or Tenant's Public Liability:** This insurance covers negligence in maintenance of home or office, excluding acts of malpractice. For instance, you would be protected in case of liability suit after a patient slips and sprains an ankle getting out of your dental chair. Malpractice insurance does *not* cover this type of condition. Owner's or Tenant's Public Liability does. Cancel this policy if you are closing your office. If your home and office are one, have it endorsed to provide a lower premium since you will not be practicing at home. Are you arranging a *locum tenens*? Then make no change.

**Personal Effects Floater:** This is a form of insurance covering all risks of loss or damage in all situations anywhere in the world to personal (not profession-

al effects. Keep this contract. It will cover any loss of your belongings while in Service, such as jewelry. Coverage is limited to 10 per cent of amount of insurance carried. Any loss sustained by your wife and unmarried children living in your home is covered. Losses derived from acts of war are not covered.

**Life:** Your problem will be to continue premium payments on a reduced income without dipping into your surplus. First, your life insurance, unless it contains a War Risk clause, pays for death in Service, regardless of amount, kind, or cost of the insurance. Some policies issued recently have a War Risk limitation restricting the company's liability to the return of all premiums paid. Inconsistently, perhaps, some companies are still issuing as much as \$10,000 of life insurance without any war risk limitations.

The Double Indemnity clause for accidental death varies with the company. It never applies in an act of war. So, if you go overseas, thought might be given to lapsing the double indemnity and reinstating it when you return.

Reinstate your National Service Life Insurance if you were one of the vast majority that let it lapse after the last war. It is the best and cheapest insurance you can get, despite occasional propaganda to the contrary. Try to pay all life premiums annually. The interest charge for semi-annual payments

amounts to *about* 12 per cent, and more for quarterly payments.

Here is what you can do with the average commercial life policy to avoid, if you must, premium obligations while you are in uniform:

1. Convert your present policy to a paid-up policy for a considerably reduced death benefit.

2. Surrender policy for its cash value. In this case, you will have to qualify for new insurance, if you want it, after you return to private practice.

3. Apply the Extended Term Insurance clause if your policy has cash value. How? When the next premium falls due, simply don't pay it. Then, the contract will continue in force automatically for a specified number of years and days, based on the "Table of Loan and Guaranteed Surrender Values" appearing in your policy. The period it will stay in force depends not upon the amount of insurance, but on your age and the cash value at the time you stop paying premiums.

For example, ordinary life insurance bought at age 32 with premiums discontinued at age 38 will continue in full force for about seven years to age 45. If death occurs after this, nothing is paid. The seven years' protection was paid for by the policy's cash values. In this instance, the policy may be reinstated any time during the seven-year period. A new medical examination and payment of all overdue premiums, plus 5



or 6 per cent compound interest, will be required. See the paragraph in your policy headed "Reinstatement."

4. If your policy has cash values, some companies, on request, will include the so-called Automatic Premium Loan clause. With your permission, this clause provides that the company may deduct the amount of any unpaid premium from the cash values. Thus, the contract is kept in full force by charging the loan against your policy automatically. You may repay this loan at any time while you live. If it has not been paid in full at your death, the premiums deducted automatically are taken with compound interest

from the sum paid your beneficiary. This procedure can continue as long as the cash values are sufficient to pay the premiums. When they are exhausted, the policy lapses.

**Hospitalization:** Cancel this policy, unless your company requires, as most do, that hospitalization may be carried by the wife only if similar insurance is carried by her husband.

The safest plan is to have all your insurance reviewed objectively in consideration of your temporary status. You will save not only dollars, but you will avoid much disappointment.

295 Madison Avenue  
New York, New York

#### PROPOSE MEDICAL AND DENTAL SCHOOLS FOR RUTGERS

A STATE study commission made up of physicians, dentists, educators, prominent citizens, and legislators, recently proposed the establishment of schools of dentistry and medicine at Rutgers University in New Brunswick, New Jersey. The estimated overall cost of construction and equipment is \$25,000,000.

Their report to Governor Alfred E. Driscoll and the Legislature recommended a referendum at the general election in November for approval of a bond issue.

New Jersey has neither a medical school nor a dental school and, according to the commission report, New Jersey students are having increasing difficulty matriculating in medical and dental schools in New York, Philadelphia, and elsewhere.—*New York Times*.

#### ABILITY AND BEAUTY

"Man is a mosaic of qualities, fit qualities existing side by side with unfit ones. A man may get bald early and so have 'unfit' hair, but his brain is not affected by the baldness of his skull. So a man with poor teeth may have great ability, and the dentist helps society by prolonging the period of this man's usefulness."—ABRAHAM MYERSON, M.D., *Speaking of Man*.

## Dentists in the NEWS



*Pittsburgh (Pennsylvania) Post-Gazette:* Alumni of the School of Dentistry of the University of Pittsburgh and friends of the late Doctor Patrick V. McParland generously contributed \$3,600 for use in establishing a P. V. McParland Memorial Room in the dental school. A faculty member of the School of Dentistry from 1910 to 1947, Doctor McParland was president of the Pittsburgh section of the American College of Dentists and vice president of the national organization at the time of his death. Doctor William F. Swanson, associate dean of the School of Dentistry, was chairman of the committee which raised the funds to equip the room.

*Albuquerque (New Mexico) Journal:* Switching from locomotive engineering to dentistry is hardly a common change of careers and not an easy step. However, Robert C. Greiner, a junior at the University of New Mexico, feels it is worth his while; for he is fulfilling an ambition which dates from his high school days. Greiner was an engineer on the Santa Fe railway between Albuquerque and Gallup when he decided, at the age of 28, to enroll at the Uni-

versity for pre dental training. Now, at 31, after three years as an honor roll student, he will enroll in the College of Dentistry at Baylor University this fall. During the summers, Greiner returns to engineering on the Gallup line, earning money to further his education.

*Philadelphia (Pennsylvania) Inquirer:* Doctor Helen E. Myers, Philadelphia oral surgeon, gained distinction recently as the first woman to be commissioned in the United States Army Dental Corps. She went on duty at Fort Lee, Virginia. Proudly wearing her captain's bars, Doctor Myers said she hoped her action in volunteering would help lead other women dentists to offer their services to the Army.

It has been her ambition since her graduation from Temple University in 1941 to become an Army dentist, but it was not until last August that Congress authorized the appointment of professional women to any of the Reserve Corps of the Army Medical Service.

Doctor Myers, daughter of Doctor and Mrs. Wiley E. Myers, shared offices with her father at 720 North 40th Street and, for the last five years, she maintained an office in Lancaster. Flying is her hobby and she traveled between the two offices in her own monoplane.

*New York (New York) World-Telegram:* Doctor Guy H. Hillman, 72-year-old Plainfield dentist, has just completed 50 years of practice. At a dinner given in his honor by the New Jersey State Dental Society, Doctor Hillman received a television set from the state society and a gold-plated cigar humidifier from the Plainfield dental group.

*Dallas (Texas) Morning News:* A plastic and foam rubber mask for football players has been patented by Doctor M. T. Marietta, Dallas dentist and sports fan. Designed to protect the nose, jaws, and cheekbones from injury, the mask is attracting much attention in grid circles. Although they may look

like men from Mars on the football field, many coaches are already planning to outfit their players as a general precaution.

*Detroit (Michigan) News:* Doctor D. M. McIntyre has been selected by the University of Detroit chapter of Omicron Kappa Upsilon, honorary dental fraternity, as the "ideal family dentist," in recognition of the services of the dental profession to the American family. In this connection, he was presented with an honorary membership and a fraternity pin at a recent meeting. A resident of Windsor, Ontario, Doctor McIntyre has practiced dentistry for 47 years.

*Albany (New York) Knickerbocker News:* While hiking near his summer home at Bolton Landing, Lake George, Doctor F. Earl Kunker, Albany dentist, was stopped by local firemen asking directions to the Kunker estate. Realizing they were rushing to a fire on his own property, Doctor Kunker jumped aboard the fire truck and directed them to the caretaker's home which had been reported on fire. The roof and upper story were burning but two hours of flame-fighting finally brought the fire under control. The cause was undetermined.

*Columbus (Ohio) Dispatch:* A Columbus dentist, the late Doctor Harry Cope, has received posthumous recognition for his discovery and development of cloth surgical casts some 25 years ago. His former teacher at the old Ohio Medical University, Doctor Edward C. Mills, published an article in the *Journal of the Ohio State Dental Society* in 1939, shortly after Doctor Cope's death, crediting Doctor Cope with this advance in surgery.

*Albany (New York) Knickerbocker News:* Doctor Fred N. Tate, Albany dentist, is one of the two oldest bowlers competing in the Albany Bowling Association tournaments. The 80-year-old

dentist is bowling in the doubles event with Bill Morris, 77. It is believed that never before in the history of the Albany Bowling Association have two men of their ages competed as a doubles team.

*Kansas City (Missouri) Star:* According to Doctor Harry B. McCarthy, professor of practice management at the School of Dentistry of the University of Maryland, 80 per cent of a dentist's business success can be attributed to his personality and only about 20 per cent to his professional competence. Doctor McCarthy spoke to the Alumni Association of the University of Kansas City School of Dentistry at a recent meeting.

Quoting from figures obtained during a recent survey, he said, "Patients want the dentist to have a pleasing manner, to be neat in appearance, to maintain a clean office in a convenient location, to be honest, to be gentle and unhurried, and to give service that is not unnecessarily painful."

*Stamford (Connecticut) Advocate:* A black Cadillac with Connecticut license plate No. 1 (indicating the Governor's car) parked recently on Greenwich Avenue aroused the curiosity of Greenwich reporters. Investigation revealed that Governor John Lodge had come to Greenwich to keep a dental appointment with Doctor Henry T. Quinn, his family's dentist for many years.

*Syracuse (New York) Post-Standard:* Because he prefers taking pictures, Doctor Alfred M. Rochester of White Plains, New York, has abandoned his 22-year-old dental practice for photography. An amateur photographer for years, Doctor Rochester has enrolled in a photography school in Santa Barbara where he and his wife are starting a two-year course. After graduation, he says, "We're going to be professional photographers."

*Spokane (Washington) Daily Chronicle:* Doctor Edward E. Pittwood, Spo-

kane's oldest practicing dentist, recently celebrated his 91st birthday. A native of Illinois, Doctor Pittwood remembers Abraham Lincoln: his father was Lincoln's physician. The Spokane dentist organized the Territorial Dental Society (Washington was still a territory) in 1886, when there were only three graduate dentists in the state. He also was responsible for getting the first dental law passed in the state.

*Salt Lake City (Utah) Tribune:* With a caravan consisting of a one-ton truck, a large three-room house trailer, a 1950 sedan, and a station wagon, young Doctor Cecil C. Chandler, United States Public Health Service dentist, maintains an itinerant home and office. He travels with his wife, their two children, a den-

tal hygienist, and a secretary, the length and breadth of Nevada, giving sodium fluoride treatments and demonstrations in mining camps, cow towns, gambling meccas, and farm communities. Doctor Chandler drives the truck, hauling the trailer and heavy dental equipment, while his wife drives the sedan with the children and their dog. His assistants drive the station wagon full of office records and equipment, clinic supplies, and laboratory paraphernalia.

Since 1948, Doctor Chandler has traveled 25,000 miles to treat 9,000 Nevada youngsters and to encourage communities to set up their own programs in the schools. The procedure administered by Doctor Chandler has proved to cut dental caries as much as 40 per cent.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Dan Valentine, 56 Grove Avenue, Salt Lake City, Utah.

W. Vincent Davis, D.M.D., 504 Medical Center Building, Spokane 9, Washington.

Robert W. Ranck, D.D.S., 349½ North High Street, Columbus 14, Ohio.

William Perry, D.D.S., 301 South 15th Street, Philadelphia 2, Pennsylvania.

Margaret C. Dow, 203 First Street, Albany, New York.

A. Colburn, 16875 Sussex, Detroit 35, Michigan.

Mrs. W. H. Matthews, 4506 Swiss, Dallas 4, Texas.

Mrs. Gussie Morris, Roy, New Mexico.

Ellen M. Thornton, 40 De Witt Avenue, Bronxville, New York.

Mrs. Dorothy Deane, 5237 North 5th Street, Philadelphia 20, Pennsylvania.

Mrs. Anna L. Swenson, Route 3, Box 130, Mountain Grove, Missouri.

Carrie A. Ritter, 1508 Kemble Street, Utica 3, New York.

O. T. Rule, D.D.S., 65 Broad Street, Stamford, Connecticut.

Fred F. Tomblin, 2523 Fifty-Fifth Street, Huntington Park, California.

#### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

*Hiding your head prevents better understanding  
of patients and pleasant business relations.*



## Are You an Ostrich-Dentist?

BY C. W. GARLEB, D.D.S.

AN OSTRICH-DENTIST is not a dentist who has plumes growing out of him, or one who "fixes" the teeth of ostriches, or even one who believes great big stories like the fantastic tale of one of my patients whose Uncle Tobe swallowed his full upper denture in one gulp.

Figuratively speaking, the ostrich-dentist is one who has his head in the sand and does not know what goes on about him.

Once I was an ostrich-dentist and it went like this: From several sources I had heard about a retired well-to-do neighborhood miser whose hobby seemed to be collecting the rent from twenty-nine pieces of property he owned.

"If he ever comes in here," one of his renters told me, "charge him plenty." Then she paused briefly and added, "Trouble is, he's cheap and won't pay much."

"That old skinflint's too stingy to buy clothes for himself," another informed me.

"He's tighter'n wall paper," a third person said, "but he's got scads of dough."

I had heard so many ugly rumors about this character's penny-pinching that I hoped he would never come in for dental treatment. Not that I didn't need the extra shekels.

But he did come in! Now what had I done to deserve this punishment? I wondered.

He was dressed in cheap baggy clothes. His teeth were fairly clean

and in good repair except for a needed bridge on the lower left, which, under the circumstances, I was reluctant to mention and which his previous dentist had passed up perhaps for the same reason.

After I had given him a prophylaxis he talked about the upkeep on his property.

"It's terrific," he complained, "after I pay for painting and repair work there's little profit left from my investment, and there's always somebody wanting something done." He beefed about his exorbitant plumbing bills, electric bills, and high taxes until I wondered if I had been duped about his having so much money.

When he came to a propitious stopping place in his conversation, I slowly removed his napkin.

"Hold on a minute," he said, tapping his cheek with a knuckle. "I'd like to have something in here." Thus he pulled my head right out of the sand.

Was I flabbergasted! And should I give him an estimate? I should, so I said to myself, "Don't weaken, Garleb, he asked for it."

I gritted my teeth and quoted the approximate fee for such a service, which was for a sturdy job, not a cheap one. However, estimates for more than twice that amount, for less service, are frequent even for patients with moderate means.

"Okay," he said without hesitation, "and what about X-raying

my teeth? I've never had that done."

"Then we'll do that too," I replied as evenly as I could.

Since then, he has recommended relatives and friends who in turn have recommended still others, all with good credit. It happened some years ago. In this case, as you can see, I had fools' luck despite my submerged "ostrich" head.

Another patient who made an ostrich-dentist out of me was a domestic for whom I had quoted a fee for a set of lower-priced dentures. Upon receiving them, she counted out double the amount I had asked. I had to return half the money and was sorry I had not told her about the better dentures. (Until I returned her money, she figured that my quotation was for just one denture, rather than the complete upper and lower.) This experience helped to improve my selling of dental service a great deal.

In another case, a patient asked me, "How much to yank this one?" It was a loose root under a bridge and looked quite simple. I named a fee without reservations. In extracting it I broke the pin facing off a molar and had to slit both abutment crowns to repair it properly, solder in a new facing, repair the crowns, and reset the bridge—all for nothing. This patient was cheap, talked a lot, and I was trying to build up a practice; so I did not dare charge for



the additional service I had not expected to give. Since then, I try to quote all fees on condition with my head out of the sand.

Once I gave some treatments to a man and his wife who were going on a vacation in two weeks and wanted to "get finished in a hurry."

"I'll give you ten dollars on account," he said, "and the balance (\$60) as soon as you finish."

His offer was accepted and I worked like a demon to finish the pair. But their vacation consisted in leaving town permanently one midnight, and even my collector failed to locate them. Now, like an ostrich with his head up, I am always on the lookout for patients who "want to get done in a hurry."

Another true-to-form patient I discovered the hard way is the one who sneaks in on another's reputation, mentioning either a relative or a "good friend" when the so-called good friend hardly knows him. One son rode in on his father's reputation for prompt payment of all bills. The son did not pay for almost a year; then the collector sent me my share.

Three sisters had dental service and all paid promptly, but the fourth in that family, a brother, tried to rook me. Here, too, I got my share after the collector deducted his own commission.

It is not only patients who make ostrich-dentists out of us. One of my regular visitors was a magazine salesman. For two years he came in, seldom missing a week, with his satchel full of popular magazines to sell. Then one day I asked him if he sold subscriptions as well.

"Oh, sure," he grinned. "What mags do you want?"

I named two and he wrote out receipts for the \$4.50 I gave him. That was the last of the little peddler, and the magazines never did appear.

At one time I moved my office and had removal announcements printed in a local paper and in a church paper. One day a handsome angelic-faced young man came in and sold me removal-notice space in a church register.

"How much?" I asked.

"Five dollars."

He gave me a receipt for the money and he and his boss disappeared. The register was spurious, of course.

These are true stories of incidents that happened in my practice. I could tell many others and I could also tell some in which I outwitted patients *before* I got stung. But that must remain for another time.

6408 Chippewa Street  
St. Louis 9, Missouri

#### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

# The Tired and Irritated

## Dentist

BY HARRY C. PEAKE, D.D.S.



DID YOU punch your wife's nose this evening when you returned from the office?

Of course you didn't. Dead men can't read articles. But maybe you kicked the dog? Or tramped on the cat's tail with malice aforethought? Maybe you *felt* like doing one or all of these desperate deeds but controlled the impulse. But did you come home like a "bear with a sore head"—tired and irritable?

Well, my friend, it's all in your head!

But, wait a minute. Don't rush off to the nearest mental institution—not for a while anyhow.

Psychiatrists are agreed that mental fatigue is one of the most common diseases of the present day. People complain that they are so tired they have no ambition left for anything. Yet when they go to bed, they cannot sleep. Why?

Surveys have been made of great numbers of people who claim to be ill, yet examination indicates

no organic trouble whatsoever. Still, they are desperately tired!

This complaint is just as common among dentists. Did you ever come home from a day at the office and have the "little woman" ask you to cut the grass or carry out the ashes? Of course you have. And you discovered immediately you were so tired you could hardly lift your hand. Perhaps the ashes got carried out, but wasn't it a chore?

On the other hand, suppose one of the boys called and asked you to go out and play a round of golf before dark. What then? Some hidden reserve would be called into action and you wouldn't be tired at all. Another thing, you'd come home and have a good night's sleep for a change.

Physical tiredness is a healthy body condition, and when this stage is reached, sleep comes naturally. But mental fatigue is a nag of another hue. Actually, the

*Fatigued without apparent reason? Then turn and face what  
you are trying to escape!*

sufferer feels worse than from the effects of physical exertion, but relief is not so easily obtained. Mental fatigue can only be alleviated by thinking the whole thing out, and getting at the root of the matter. There are many causes of mental fatigue, but we are only interested in those which apply to dentists.

**Mental Fatigue**

What are these causes? Monotony is one. Dislike for one's work is another. Let's lift the lid and take a look at these two.

Dentistry is not monotonous, you may argue. That's true, but practicing dentistry may be. Going to the same office day after day; going through the same routine week after week; performing the same operations year after year. To many, that constitutes monotony.

And the second cause ties in with this—dislike for the job one has to do. But, you may maintain, why should a man dislike his profession? He chose it when he had reached maturity and was in his right mind.

But *did* he? Some have been nudged into professions by doting parents who wanted *their* son to be a "doctor" and, hence, far removed above the common herd. And son, with bright visions of a

few years at college at his father's expense said, "Why not?"

However, there might be another reason for disliking a job. Dentistry is an aggregate of just about every profession and trade under the sun. There is a combination of the construction engineer and artist in prosthetics. There is surgery. And then again, medicine. The dentist has to be able to mix plaster better than any plasterer. He must be a metallurgist to a small extent. He must know how to manage a business, and he *must* know psychology. So it stands to reason that the man who likes prosthetics might not like preventive dentistry. Or the man with a surgeon's mind might well be bored with endodontia.

But what can they *do* about it? Unless a man is financially able, and feels he has enough years of his life left to return to college for postgraduate courses leading to a specialty, he is stuck with a general practice. There are few dentists who, after practicing long enough to conclude they are in the wrong profession, have the opportunity to switch to another. The "little woman" needs new hats and the children have to be fed.

On this point I can speak from experience as an oral surgeon turned general practitioner. Upon being discharged after a period of

active service during the last war, I decided that a small town was the best place in which to settle after all the wear and tear. But I still have my love for surgery.

Many a day I have reached the end of the appointments feeling so tired I wanted a wheel chair to remove my creaking carcass from the operating room. And then I have been faced with an unexpected extraction which was really tough. Was I too tired to handle it? Did I tell the patient to return some other time when I might have strength to carry out the operation? Not by any means! My tiredness seemed to slough off miraculously and I felt fresh as an unspanked brat.

#### **Hated Tasks**

How often have you reached the end of the daily routine feeling quite perky, but when you sat down at your desk to make up the books suddenly became overpowered by weariness? If this has happened to you did you ever stop to wonder why? Do you like bookkeeping? Of course you don't, and that accounts for your sudden tiredness. You may think it's that day's work catching up with you, but it isn't. Unconsciously you are trying to escape from a task you hate.

Dentists are notoriously inefficient bookkeepers and anything a man does poorly, he dislikes. Did you ever say "bookkeeping makes me tired"? Even our figures of

speech carry out the idea of being fatigued by the thing we dislike.

If you are one of those who wearies at the thought of bookkeeping, that may have been the reason. Perhaps your wife suggested something you detest. Maybe she wanted you to go to the Van Blurts to play bridge while you wanted to play *canasta* or sleep. You're dead tired. But what happens if you're down in your hobby room and she calls to say it's bedtime? Do you come tumbling up the stairs just rarin' to get between the sheets? Like fun, you do!

Children are always too tired to do their homework. But give them a bit of change and tell them they can go to a show ten blocks away and they're out the door with a whoop and a holler before you have a chance to tell them to be home early. That's the way it is with children and, after all, men are only king-size kids.

Mental fatigue is simply the manifestation of a desire to escape from something we dislike. That does not mean it is a *conscious* desire to escape. Many people would be horrified if told their tiredness was a mental condition, but it adds up to just that.

I have a patient who has shouldered too much responsibility for her family all her life. Now that she is retired she spends all her time in rest homes and in going from one physician to another trying to find out what is wrong with

her. They find nothing, but nobody has had nerve enough to tell her a psychiatrist is the man she should consult. Her chronic tiredness is an unconscious desire to escape from any further family responsibility.

So the next time you feel tired without having done any actual physical work, sit down and figure it all out. What distasteful task is facing you?

Psychologic problems can be cured by recognizing and understanding them. The first thing is to admit that your tiredness *may* be caused by a mental condition. Chase this ghost out into the open and your problem will be solved. If you'll learn to "know thyself," I'll guarantee it will do more good than a carload of vitamin pills.

Timberlea,  
Parkhill, Ontario

### BUSINESS REPAIRS VERSUS HEALTH CARE

"Perhaps the most glaring inequity of all (taxation) is the medical expense allowance. As you know, you're allowed only the medical costs over 5 per cent of your income as a medical deduction. So a man with a \$5,000 annual salary has to spend \$250 *on which he pays a tax before* he is able to start curing himself, or his family, tax-free.

"This, it seems to us, is the most ridiculously illogical of the injustices under the present tax law. The least the Government can do is to apply the same logic in treating the cost of keeping its citizens in good repair which it uses in handling the maintenance cost of machinery in factories.

"A business is allowed to deduct the full cost of repairing any and all of its equipment from taxable income."—J. K. LASSER AND WALTER ROSS, *The American Legion Magazine*.

### NEW POSTGRADUATE SCHOOL RECEIVES CHARTER

AFTER COMPLETE hearings, the Board of Regents of the University of the State of New York has granted an absolute charter to the New Organization School for Graduate Dentists of New York City as an independent non-profit professional educational institution of higher learning operating on the postgraduate level.

### IF YOU ENTER MILITARY SERVICE

IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you ORAL HYGIENE. Please address ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.





# Guarantee

## ***So the Patient Wants a Guarantee?***

**BY HAROLD GLUCK, PH.D.**

FROM TIME to time, the dental profession faces an annoying situation. In one section of the country, it may be relatively rare. In other sections it occurs with greater frequency. The ethical implications are clear and unmistakable. But

the practical way of handling the situation so that the dental patient can be kept on the right track may cause the dentist headache and heartache. Let us look at three patients and eavesdrop as they speak. From their conversations, we can understand the problem.

Our first patient is a man in his forties who has had some bridge-work completed recently by his dentist. "I don't understand why he can't guarantee his work. What kind of a dentist is he? I got a ninety-day warantee with my television set. My electric razor also has a guarantee. And you should read the contract I made that fellow give me when he sold me his car! When I pay that kind of money for a bridge in my mouth I want to be sure it's going to last for fifteen years, at least."



*If the dentist were merely a mechanic and the patient only a robot, all dentistry could be ensured.*

Then a woman in her early thirties, after a series of gingival treatments, unburdens her heart to her best friend. "Imagine, I went there for three months. Sure, he treated my gums. And I paid him good cash, too. Now look at 'em. Might as well have kept the money in the bank or bought that coat. Believe me, the next time I get into any dentist's chair, I want it down in black and white how long things are going to last."

Our third patient is a boy of ten. He has nothing to say; his mother is doing all the talking. "Money for nothing, I tell you. What a sucker I was! Gave Frankie those treatments, yes he did, that dentist! And did those treatments stop his teeth from decaying? Four fillings, my Frankie must have! I got a guarantee on my electric washer, on my new iron, and on that vacuum cleaner I bought. They oughta pass a law the same with dentists."

#### **The Dentist's Story**

Now we can listen to three different dentists voice their side of the matter. Each knows the ethics of the situation: A dentist who would give a guarantee to a patient is no longer an ethical practitioner; he is a quack. But, never-

theless, he knows what the patient says and thinks.

Our first dentist is finishing his third year in the neighborhood. He is doing his best to build his practice. "I distinctly told her not to eat anything hard on the left side of her mouth for the next five hours. Of course, the restoration cracked. She didn't follow my instructions. Now I'm a bad dentist. And I'll be something worse in her eyes unless I repair that restoration free of charge."

The second dentist has been in practice for more than two decades. He has met many of this type of patient. "This fellow comes into my office and says, 'Hey, Doc, I want you to know just how I feel about things before we talk business. I've been to three dentists and had plates made by them. If you want to make me an upper and lower, you have to guarantee they will last at least ten years. And that means any repair work comes out of your pocket. Otherwise, no go.'"

Our last dentist has this one to tell. "'I want a pivot tooth in front,' the woman patient told me. 'Just like the one you did for my cousin. And I want you to do it so there never will be any infection. The color has to be perfect. I don't want anyone to know it's a false tooth. And don't give me the kind of work that will last maybe two or three years. This has to last as long as I live. You understand me, don't you?'"

Human nature is not difficult to understand, although at times it can make your blood pressure hit a new high. The unpleasant truth is that many people regard the dentist as something of a mechanic whose main job is to fix teeth. And, hence, he should be able to give them the same guarantee they get with other products they purchase. From their point of view they are purchasing a product which the dentist installs in their mouth—be it a restoration, a bridge, or a denture. And add to this a bit of essential dishonesty on the part of many persons. When, through his own fault or negligence, the dentistry is damaged, the patient tends to blame the dentist, hoping for free repairs. The man who dropped his denture on the floor will swear that he merely placed it in a glass of water last night and found it cracked this morning. The woman who bit hard on that prune pit tries to smile and convince the dentist he gave her faulty bridge-work.

#### Patient Instruction

You may suggest dental re-education of the present patient and dental education of the prospective patient through schools and other places of learning. I agree with this, for there is much to be taught about the functions of the dentist which bear upon his essential nature as a *doctor* whose degree is Doctor of Dental Surgery.

People must understand that his service involves a human being subject to physiologic and psychologic changes beyond the dentist's control. Achievement of such education would require a long-range program which should be undertaken with the cooperation of school authorities.

But for the present, how can the dentist meet the situation within the limits of his ethics and still have a satisfied patient? What I have to suggest is a practical way of handling the situation. Start with the patient who never mentions a guarantee. When you have finished a given treatment, write out some suggestions on "How to get the maximum efficiency from my dental treatment." In one instance, you may have replaced two missing teeth. You would give the patient written instructions on how to keep the area clean, so as not to irritate the gingivae or damage the bridge. In the case of crowned teeth, you would point out that there must be rechecking with X-ray. A talk about general health is important to show that the teeth are not independent of the rest of the body. By doing all this you can instill in the patient the feeling that you *are* a doctor. Then, suppose the patient says, "Well, how long should this last?" You can meet this challenge easily by telling the truth—that no living person can answer that question. "However, in your type of case, we do have studies which

show that the minimum life of the bridge has been five months and the maximum over twenty-five years. You can understand from what I've told you that the factors controlling the life span of this bridge are beyond my control. For that reason it would be dishonest and unethical for me as a professional man to give you a guarantee. What I give you in return for your money is essentially dental service. I have treated you to the best of my knowledge and abilities."

#### Pre-Treatment Guarantee

But what is to be done with the patient who demands, before you start your treatment, that you give him a guarantee? Instead of running away from the issue or laughing it off, meet it directly by having the patient follow you step by step as you explain logically why no dental service can carry a specific guarantee. He wants an amalgam restoration in his upper

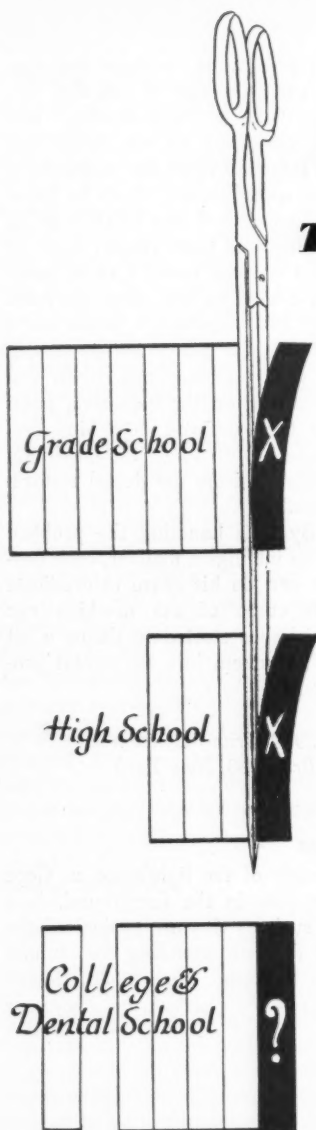
left first molar. Is there any way he can guarantee to you that further caries will not develop? Has he considered his bite which has an influence upon the condition of that specific tooth? Does he know just what work that tooth is going to do—bite hard candy, nuts, or a bit of steak bone? Can he guarantee how he will clean his teeth and how regularly? Make up a list of these points before talking to your patient. Then, when you have him on the defensive, point out that you can help him, and discuss "How to get the maximum efficiency from my dental restorations."

By thus handling the problem in an intelligent manner, each dentist can do his share to eradicate this curse of the machine age which has started to throw a bit of its venom into the dental profession.

2939 Grand Concourse  
Bronx 58, New York

#### THE COVER

ON OUR cover this month is a photograph of the lighthouse at Cape Elizabeth, Maine, which, like the huge pine in the foreground, is a symbol of the Pine Tree State. Views such as this are typical of the Maine Coast and can be enjoyed by dentists attending the annual meeting of the Maine Dental Society at Rockland, June 28-30. Doctor Frank P. Gilley of Bangor is Secretary.—*Photograph by Professor Marion J. Bradshaw, Bangor, Maine.*



## Dental Training Takes Too Long

BY PHILIP PARKER, D.D.S.

AT THE turn of the century all a candidate for dental school had to do was walk up to the box office, lay down a deposit of ten dollars, produce evidence of a primary school education, and he was in.

Gradually the requirements were increased to four years of high school, and finally four years of college. The actual minimum requirement is two years of college but, since admission to dental schools is limited, there are many candidates who have completed three years of college or have a bachelor's degree.

In addition, the dental course has been lengthened from three to four years and a one-year internship has been introduced. In other words, in this half-century, ten years of study have been added to the required curriculum.

Now a new situation has arisen. Our country and institutions face grave danger. To meet this threat, we have entered an unlimited period of partial mobilization that may or may not lead to a world

*Does the urgency of present times warrant a revamping of the dental curriculum?*

war. At the least, we will be living on the ramparts for an indefinite length of time. Upon graduation, virtually every dentist will have to serve in the Armed Forces for a few years.

After he is released and by the time he has found a suitable location and built up a modest practice, the dentist will be as Shakespeare said: "Sans teeth, sans eyes, sans everything." In education, as in everything else, we reach a point where the inexorable Law of Diminishing Returns begins to operate. In dentistry that point has now been reached.

It would seem to be folly, then, to pursue the present course which can bring only disappointment and disillusionment to dental students of the future. There is only one conclusion—the old, free-and-easy days are as dead as the dodo. This is no more a time for education as usual than it is for business as usual. It is a luxury we simply cannot afford at the present. In an article entitled *IN A WORLD OF FEAR*, President Conant of Harvard raises this question:

"If the Nation is now entering a long period of austerity, of mobilization; the question may well be raised, should we not shorten the roads that lead to a profes-

sion? It is my opinion that we should."

It is now time for a rollback in dental education! Not one that may be likened to shaving the fuzz off a peach, but a real rollback that will be more in line with the hard realities of the situation.

#### **Condense Requirements**

Before we proceed to a discussion of what is to be done, let us dismiss the idea that in order to study dentistry, or any other profession for that matter, one has to be a sort of genius or superman. "Whatever is a profession," said Doctor Samuel Johnson, "and maintains numbers, must be within the reach of common abilities, and some degree of industry." With this admonition and with the urgency of the international situation in mind, let us proceed to examine the long road leading to the dental degree.

We cannot shorten the four years of dental school training and one year internship. This is the minimum time possible for mastering so vast a field as dentistry. If we look at predental training (primary, high school, and college) a different picture may be found.

A candidate now must have sixteen years of predental training. That is a long time to wait for a seat in a dental school, even in a country that is accustomed to waiting two years for a seat to "South Pacific." There is nothing

so sacrosanct about this predental setup that it could not bear re-examination. This is a time for pencil-sharpening, not only in our national economy but in our own little household of dentistry.

My proposal will, no doubt, bring out a hue and cry from the "viewers-with-alarm" that I am trying to tear down our sacred institutions. Like others who desired but could not get a formal education, I have almost a romantic admiration for a college education. Yet, no fair-minded person will deny that in our own day some of the finest general practitioners, specialists, dental teachers, and clinicians, had only a high school education before entering dental school.

So, in view of the exigencies of the present situation, I propose that:

1. One year of concentrated college work should be sufficient before entering dental school.

2. Diligent youngsters (they are the only ones who would succeed in dentistry, anyway) could take a three-year high school course in their stride. For many decades we had in New York City the Townsend Harris High School which turned out brilliant graduates in only three years.

3. The primary school course should be shortened from eight to seven years.

The proposal to lop two years from the primary and high school courses probably will be fought by

vested interests involved, but the savings which would accrue from such a change should be welcomed by hard-pressed communities in these days of swollen budgets. And it would prove a welcome relief to parents who are struggling to support children through professional schools in a time of high taxes and an inflated dollar.

In any ordinary time, I would consider my suggestions as revolutionary, even a step backward, but these are not ordinary times.

It is time to put our predental ship in dry dock and remove the barnacles that have accumulated in the last half-century. The length of time that it takes to train a dentist must be cut. Let us do it in the practical way I have outlined.

Despite assurances by actuaries that the life span has been lengthened considerably, we see on every hand not-so-old dentists taking the count with coronaries and what-have-you. With actuaries it is as with other statisticians—give them a set of figures and they will reach their own confusions.

Although not to the same degree, a dentist, like a boxer, has only a short period of productive years. If there are many septuagenarians still in practice, Lloyds of London probably would give you liberal odds that patients prefer much younger dentists.

1801 Marmion Avenue  
Bronx 60, New York



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**So You Know  
Something  
About  
DENTISTRY!**

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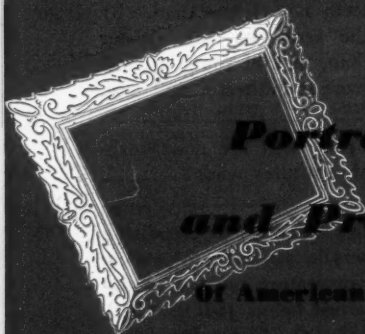
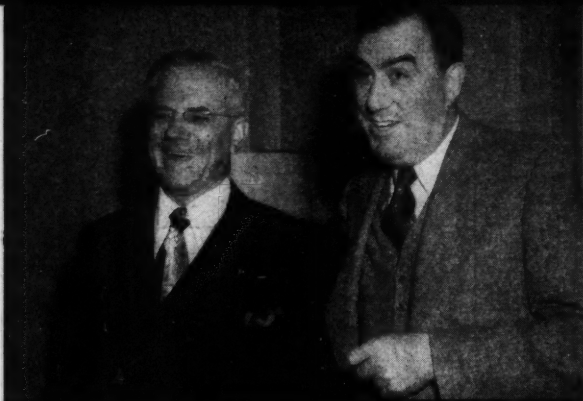
**QUIZ LXXXI**

1. An epulis originates from (a) the epithelium of the gingivae (b) the cementum of the tooth, (c) the periodontal membrane. \_\_\_\_\_
2. True or false? Developmental defects of the hard dental structures are more often associated with disturbances in vitamin A and D nutrition; whereas, the water-soluble vitamins are more often associated with alterations in the soft oral tissues. \_\_\_\_\_
3. In the cuspid area the greatest growth occurs during \_\_\_\_\_

the eruption of (a) the permanent incisors, (b) the second deciduous molars, (c) the first permanent molar teeth. \_\_\_\_\_

4. Do underamalgamated alloy restorations tend to develop an excessive tarnish? \_\_\_\_\_
5. The hardness of sound enamel and dentine of carious teeth is (a) less than, (b) the same as, (c) greater than, that of sound enamel from sound teeth. \_\_\_\_\_
6. From what are nonabsorbable sutures made? \_\_\_\_\_
7. In rebasing or repairing acrylic dentures, the curing temperature must be maintained below (a) 93°, (b) 85°, (c) 75° centigrade. \_\_\_\_\_
8. The teeth of which jaw are as a rule lighter in color? \_\_\_\_\_
9. High speed films have a latitude of exposure (a) wider than, (b) the same as, (c) narrower than, that of slow films. \_\_\_\_\_
10. What determines the posterior extension of the maxillary denture? \_\_\_\_\_

**FOR CORRECT ANSWERS SEE PAGE 842**



## Portraits and Profiles

Of American Dentists

By Howard A. Hartman, D.D.S.

ANNUAL MIDWINTER MEETING  
OF THE CHICAGO DENTAL SOCIETY—1951



Above: Left, Gustav W. Solfronk, Chairman Program Committee; and William J. Bray, Reception Committee; both of Chicago.

Above left: Robert L. Dement, Atlanta, Georgia; and Stanley C. Baker of Greenwood, South Carolina.

Left to right: Walter J. Conway of Champaign, Illinois, President Illinois State Dental Society; Ethel E. Ewbank of Kingman, Indiana, Secretary Indiana State Dental Association; and James P. Hollers, San Antonio, Texas, Armed Forces Medical Policy Council.



**Above: Board of Directors of the Chicago Dental Society: kneeling, H. W. Chronquist; seated (left to right), Silvio J. Tiberi, Chicago Heights; Thad G. Olechowski; Basil A. Cupis; William R. Gabbins; Walter E. Dundon; Joseph F. Voita, Oak Park; and Milton Cruse.**



**Above right: Left to right: Hunter C. Allen of Birmingham, Alabama, President, American Academy of Periodontology; Rear Admiral Alfred W. Chandler, USN; and Allison G. James, Beverly Hills, California.**



**Right: Brigadier General Louis H. Renfrow, Assistant Director, Selective Service System; and (right) Percy C. Lowery, Detroit.**



## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

### CRIME AND THE DENTIST

AFTER WATCHING the magnificent performance of our colleague, U. S. Senator Lester C. Hunt, as a member of the Kefauver Committee, many of us experienced a feeling of pride for a man who is such a credit to our profession. Some of us also experienced a twinge of shame for our own indifference to politics and public affairs. We have been so conscious of our own little jobs, our own tiny worlds, our own small affairs, that we have participated but little in civic and community projects. Not only have we been indifferent, but we have on occasion sneered at our colleagues who were more willing and accused them of being business and publicity seekers.

Few dentists can expect to achieve the heights reached by Senator Hunt and become governors or senators. We can, however, take a more active part in the politics of our own communities. We can certainly cast our votes. Many of the most desirable people in a community are "too busy" on election day. Some dentists are among them. At other times we rationalize our lack of interest by saying that it makes little difference who is elected to office because all candidates are of the same stripe and that politics is a sordid business. If these charges are true they are proof of our indifference. Desirable candidates for public office are elected when good citizens stand for office and are vigorously backed by other good citizens. If the smaller communities have more acceptable candidates and are better governed, it is because the privileges of citizenship are exercised more earnestly. The morals of the people in the city and the country are not different; their interests are. The corrupt political machines in the large cities exist because many good people feel that politics is degraded and beneath their dignity.

One does not have to follow the horses, place money with a bookie, use marijuana or heroin, to find himself involved with criminals. The Kefauver Committee showed that mobsters and racketeers have ex-

panded their operations to include many forms of legitimate business. We can be sure that the ethics of a gangster do not change and that when he enters a legitimate enterprise he will use intimidation, coercion, and strong-arm tactics to develop business, stifle competition, and control prices. Many respectable businessmen have found that goons have entered their field and that they are not scrupulously clean and honorable competitors. Everybody in any business or profession should do what he can to destroy the alliance between gangsters and politicians because, if he does not, a day will come when the racketeer will be casting an avaricious and possessive eye at the legitimate business or profession. The only dissolution for the infamous union between crime and politics is for every citizen to take an active part in community and political affairs.

U. S. many edit to or our o con- small munity ocasion nem of enator a more rtainly ity are t other es little of the ges are public orously e more e privi of the sts are. e many gnity. bookie, als. The ave ex-

It is not likely that gangsters will enter directly into dentistry. The training period is too long and the intellectual discipline is too exacting. Dentistry, however, is not practiced in a vacuum. If our office rents are excessive because a mobster owns the property, or if what we pay for materials and services is overpriced because of the infiltration of criminals into the businesses that supply and service us, we are actually under gangster domination. The dental supply and dental laboratory industries are relatively small and, although they have been approached by labor union organizers, they have *not yet* been invaded by criminals. This may seem to be a far cry, but anyone who watched the proceedings of the Kefauver Committee can never again feel smug in his little world, because he has not met a gangster in the flesh or engaged directly in an enterprise of crime.

What can we do? Participate in civic affairs and politics. Vote—and see that all members of our family vote—even if it means taking a full day from business. That's a bargain price to pay for freedom!

*Edward J. Ryan*



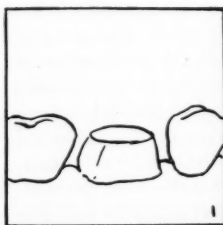
## TECHNIQUE of the Month

Conducted by **W. EARLE CRAIG, D.D.S.**

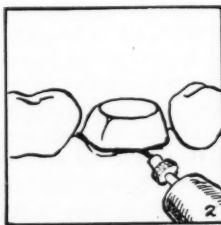
Drawings by **Dorothy Sterling**

### Cast Crown with Acrylic Face

BY **NEIL B. SWANSON**



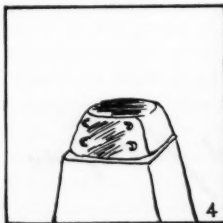
Prepare tooth for hollow metal crown in the usual manner. Take a tube impression and cast an alloy die.



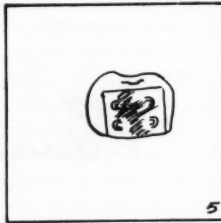
Make a wire measurement of this preparation and select a zephyr shell that will correspond with this measurement.



Trim shell to fit gingiva and swage it onto the die.



Solder loops of .36-gauge zephyr wire on the buccal to retain the acrylic.



Build contour with inlay wax. Cast.



Add acrylic to buccal over loop. Result is an accurately fitted crown with good esthetics.

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## ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### Abraded Posteriors

Q.—I have a patient who is 20 years old. Upon examining her teeth, I found to my surprise that they are considerably abraded. Her posterior teeth are cupped out as if she had chewed tobacco. At this rate, her teeth will be worn to the gingivae before she reaches her fortieth birthday. What would you suggest that I do to relieve this condition?

Her sister, who is 25, has the opposite condition. She has a serious case of erosion. I am now placing acrylic jacket crowns on the upper anteriors. I will appreciate any suggestions you can give me.—M.W.A., California.

A.—Any of your patient's posterior teeth that are worn through the enamel until the dentine is exposed and cupped out should be filled preferably with hard gold inlays to arrest or at least check the abrasion.

If the bite has been closed by the excessive wear, a good procedure is to restore the normal vertical dimension with an occlusal splint either on one jaw or both as the need may indicate. Then you can cut the occluding acrylic away over one or more teeth at a time as you restore them to the corrected occlusal function with gold inlays.—V. CLYDE SMEDLEY.

### Dissolving Plaster

Q.—A friend of mine recently took a plaster impression of her four-month-old baby's hand. Of course, she did not allow it to set—she just pressed the palm into the plaster and held it there for a short time. I offered to pour a model in stone; so I varnished the surface, soaped it well, and then poured it. Can you advise me of some agent that will disintegrate or dissolve the plaster, as I cannot separate the impression from the stone?

I tried boiling the whole thing in washing soda and soaking it in plain water for a few days—but with no results.

I trust you may offer me a successful solution.—S.B., New York.

A.—Sodium citrate will dissolve plaster. However, it will also dissolve stone, but less rapidly. I should think the happiest solution of this problem would be for you to offer to make a good hydrocolloid or alginate impression of the child's hand and pour a more complete and more accurate cast than the plaster would have afforded if it had separated as expected.—V. CLYDE SMEDLEY.

### Bruxism

Q.—I should appreciate your assist-

ance in a problem about which I have been unable to learn much in the texts I have studied.

The cases in mind are both night grinders (bruxism). One is an adult, about 41, and the other a 2½-year-old child. The adult patient is a male and is a heavy coffee drinker. Beyond this, I believe he is in good health and has no other habits that may have a bearing on the question. He is undergoing extraction of all his remaining teeth (30) due to a severe and neglected case of periodontoclasia, aggravated, no doubt, by his bruxism. Will this affect full upper and lower dentures and will a partial lower be of more benefit to him than a full lower? Also, is there any treatment for bruxism other than sedation before retiring?

The other case is the 2½-year-old girl, also in good health. The physician is of the opinion that this is not a true case of bruxism, but rather is a reflex condition that will clear up on complete eruption of the deciduous dentition. The parents, of course, are disturbed and wonder if the condition will return with the permanent dentition causing possible injury to the erupting teeth. All deciduous teeth are present except the upper right and left second bicuspid. —M.L.B., New York.

A.—Your 41-year-old patient probably will stop grinding his teeth at night when he is relieved of the annoying irritation of his periodontoclasia. If he still grinds them after he has dentures he should not wear them at night.

If any of the patient's natural lower teeth can be restored to a state of health by restorations or periodontal treatments, I advise their retention, since a patient is likely to be more comfortable and happy with a partial lower than with a full lower denture.

I agree with the physician that the 2½-year-old girl will stop grinding her teeth in due time if nothing is done about it.—V.

CLYDE SMEDLEY.

### Excessive Saliva

Q.—I have a patient who is thoroughly satisfied with her upper denture, except that she complains of spitting when she talks. I made the anterior teeth longer than in her old denture for esthetic reasons.

Another patient with a closed natural dentition and quite an overbite complains of a suction or vacuum at night when the mouth is closed.

Any light that you might shed on these problems would be greatly appreciated.—B.A.H., Wisconsin.

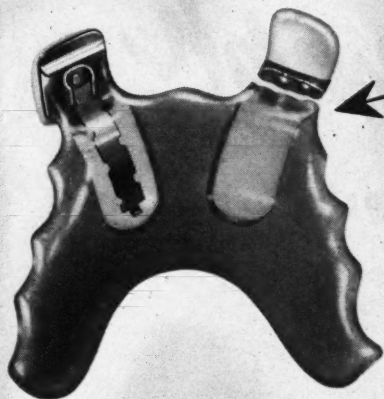
A.—I would suggest that you advise your first patient to develop the habit of sucking and swallowing frequently to keep saliva from accumulating in the front part of her mouth. I fail to see how your denture can be a causative factor here.

Your second case sounds impossible. I do not see how a person with his natural teeth could develop a sensation of suction or vacuum in the mouth. I think I would be inclined to tell him to pay no attention to it; just forget it. Or you could, if you wish, offer to experiment by making an acrylic occlusal splint to be worn at night, preventing the overclosure.—V. CLYDE SMEDLEY.

### Silver Nitrate Burn

Q.—Recently I used a 10 per cent solution of silver nitrate to sterilize a cavity on the buccal area of the lower

... In plastic partial dentures  
with one or more *isolated* teeth



*Prevent  
Breakage  
Here*

In partial dentures of this type the thin, narrow area of vulcanite or acrylic material supporting one or more teeth is a critical area—usually lacking in strength and rigidity. The logical engineering solution is to span this area with *embedded metal reinforcing*—just as concrete structures are reinforced with steel rods.

Steele's DENTURE BACKINGS accomplish this by means of an attached reinforcing bar which is embedded in the denture material, adding strength and rigidity to the critical area. The reinforcing bar is adjustable for ridges of various height. A shoulder on the lingual of the backing provides an accurate finish line for the denture material. The backings are available for either Steele's Flatback, or P. B. E. facings. Ask your dealer for "Steele's Denture Backing Technic."

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the beautiful new denture must be steadily *used* by the patient during the first critical weeks, if adaptation is to be successfully achieved.

Particularly in the presence of anatomical or psychological difficulties, Wernet's Powder can help to keep the denture out of the bureau drawer, and in the

patient's mouth... by providing a soft, resilient cushion that improves retention and stability... stimulates confidence... and accelerates complete mastery of the new prosthesis.

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**WERNET'S  
POWDER**

## WERNET DENTAL LORE

JUNE 1951

Dentists, too, are human: statistics show that as a group they have a normal life expectancy, as compared with that of the general population. After 45, they seem to suffer most commonly from diseases of the gastro-intestinal, genito-urinary, ophthalmologic and cardiovascular systems, but can congratulate themselves that generally they are more fortunate in their health outlook than other professional groups.

• • •

Hypnotism, which is gaining renewed favor in psychotherapy after decades of neglect and suspicion, has its proponents even in dentistry. First coined by the English surgeon James Braid in 1842—from the Greek word *hypnos*, meaning sleep—it can be induced for dental purposes within 10 minutes in 85% of normal adult patients.

• • •

One of the chief influences in the standardization of dental nomenclature was the dental dictionary, the first of which was published in this country in 1849 by Chapin A. Harris, and went through six editions. Three others followed in the 20th century. Yet—strange as it may seem—there is today no dental dictionary in print or on the market.

• • •

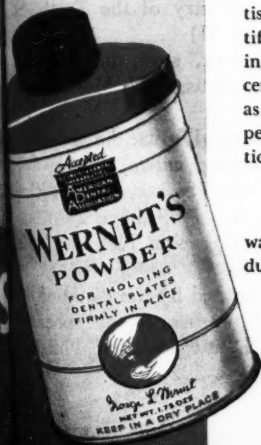
G. V. Black, the so-called father of modern dentistry, was the first American to pioneer in the scientifically chaotic field of filling teeth. As an outstanding dentist and consummate craftsman of the 19th century, he standardized cavity preparation, as well as cutting and filling instruments, many of which he personally designed; and made important contributions to all phases of dentistry.

• • •

One of the greatest contributions to dentistry was made by W. H. Taggart in 1907, when he introduced the casting process.

• • •

The use of adhesives in appropriate cases is recommended by a majority (57.8%) of dentists covered by a recent independent survey—which showed Wernet's Powder to be the one of primary choice.





left first molar of a ten-year-old child.

Two days later, the patient returned with a swollen jaw and a rather large grayish circumscribed patch in the cheek opposite the lower left molar. I also sealed in the tooth a preparation containing silver nitrate and other drugs. I wonder if there could be a slight leakage, although I was careful in applying the 10 per cent silver nitrate.

Will you kindly give me your advice in the avoidance of such incidents and, should they occur, is there any effective treatment?—A.T., Illinois.

A.—The swelling of the jaw of your ten-year-old child should not result from the application of silver nitrate to the cavity. I would

be concerned about the vitality of the pulp, as the swollen jaw might well stem from an infected pulp. The grayish patch on the cheek could be from a silver nitrate burn. If used at once, salt water will precipitate the silver nitrate as a silver chloride. The grayish mucous membrane will slough off and new membrane will form.

If you use silver nitrate in cavities under the rubber dam and precipitate the silver with oil of eugenol, you should never have the trouble you have had in this case.—GEORGE R. WARNER.

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXXXI (See page 831 for questions)

1. (c) the periodontal membrane. (Mead, S. V.: *Oral Surgery*, ed 3, St. Louis, C. V. Mosby Company, 1946, page 1195)
2. True. (Accepted Dental Remedies, ed. 14, American Dental Association, 1948, page 136)
3. (a) the permanent incisor teeth. (McBride, W. C.: *Juvenile Dentistry*, ed. 4, Philadelphia, Lea & Febiger, 1945, page 189)
4. Yes. (Lane, J. R.: A Survey of Dental Alloys, *JADA* 39:421 [October] 1949)
5. (b) the same. (Leicester, H. M.: *Biochemistry of the Teeth*, St. Louis, C. V. Mosby Company, 1948, page 74)
6. Silk, linen, nylon, silkworm gut, horsehair, steel, or tantalum. (Thoma, K. H.: *Oral Surgery*, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 47)
7. (c) 75° centigrade. (Skinner, E. W.: *Acrylic Resins: An Appraisal of their Use in Dentistry*, *JADA* 39:267 [September] 1949)
8. The lower—especially the lower anteriors. (Sicher, Harry: *Oral Anatomy*, St. Louis, C. V. Mosby Company, 1949, page 204)
9. (c) narrower. (Richards, A. G.: *Roentgenographic Technics Made to Order*, *JADA* 38:401 [October] 1949)
10. The pterygomaxillary notch—the notch formed by the distal of the maxillary tuberosity and the pterygoid process of the sphenoid bone. (Grossman, L. L.: *Handbook of Dental Practice*, Philadelphia, J. B. Lippincott Company, 1948, page 382)



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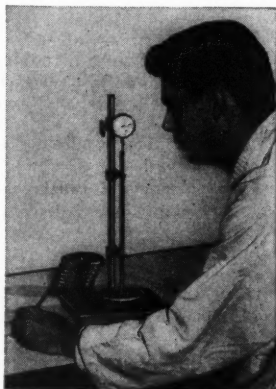


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Lady (turning around): Does the long feather in my hat bother you?

Man (directly behind): It did until I cut it off. Here it is; I thought perhaps you might want it back.

★

Wilkins came into the office looking very glum.

Co-Worker: What's wrong?

Wilkins (gloomily): Everything. The wife's caught influenza, the children have caught the mumps, and I've caught a terrible cold.

Co-Worker: You've only the maid to carry on with, then?

Wilkins: No; she caught the first train home the minute I tried it.

★

Jerry: What is the way to teach a girl to swim?

Hal: That's easy. First you put your arm around her waist; then you take her left hand—

Jerry: But this girl is my sister.

Hal: Aw, push her off the pier.

★

Said one broom to the other, "Ain't it about time we had a little whisk broom?"

"Mercy, no! We ain't never swept together yet!"

A burglar's wife was being vigorously cross-examined by the county attorney.

"Madam, you are the wife of this prisoner?"

"Yes."

"You knew he was a burglar when you married him?"

"Yes."

"May I ask how you came to marry such an individual?"

"You may," snapped the witness. "You see, I was getting old and had to choose between a burglar and a lawyer."

★

A Washington, D.C., mother was very much put out because the teacher insisted on a written excuse explaining her son's absence from school following a severe snowstorm. Whereupon the mother sat down and dashed off the following note:

Dear Miss Kitty: Little Eddie's legs are fourteen inches long; the snow was eighteen inches deep. Very truly yours, Mrs. Johnson.

★

Youth: Would you scream if I should kiss you?

Sweet Young Thing: Of course. But I don't suppose it would do any good because there is nobody home.

★

She: I hear that the chief of police is going to try to stop necking.

He: I should think he would—a man of his age!

★

Detroit traffic cop, bawling out an unassuming lady motorist: "Don't you know what I mean when I hold up my hand?"

She, meekly: "I ought to. I have been a school teacher for twenty-five years."

★

"Last night a millionaire offered me a thousand-dollar check if I'd yield to his kisses," confided one chorine to another.

And the other advised, "Well, let's hurry down to the bank and cash it."

to keep the field dry

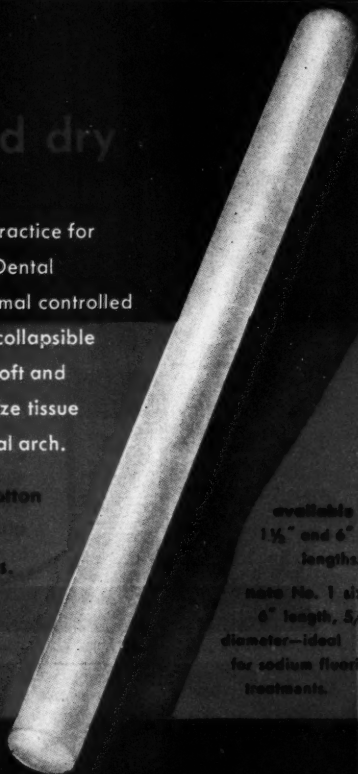
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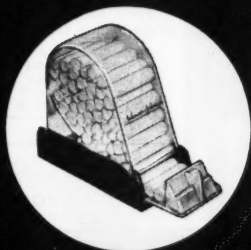
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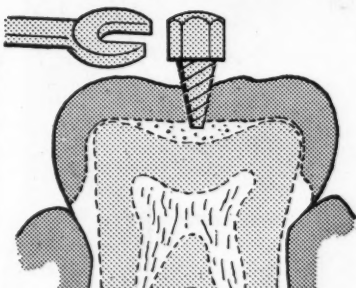
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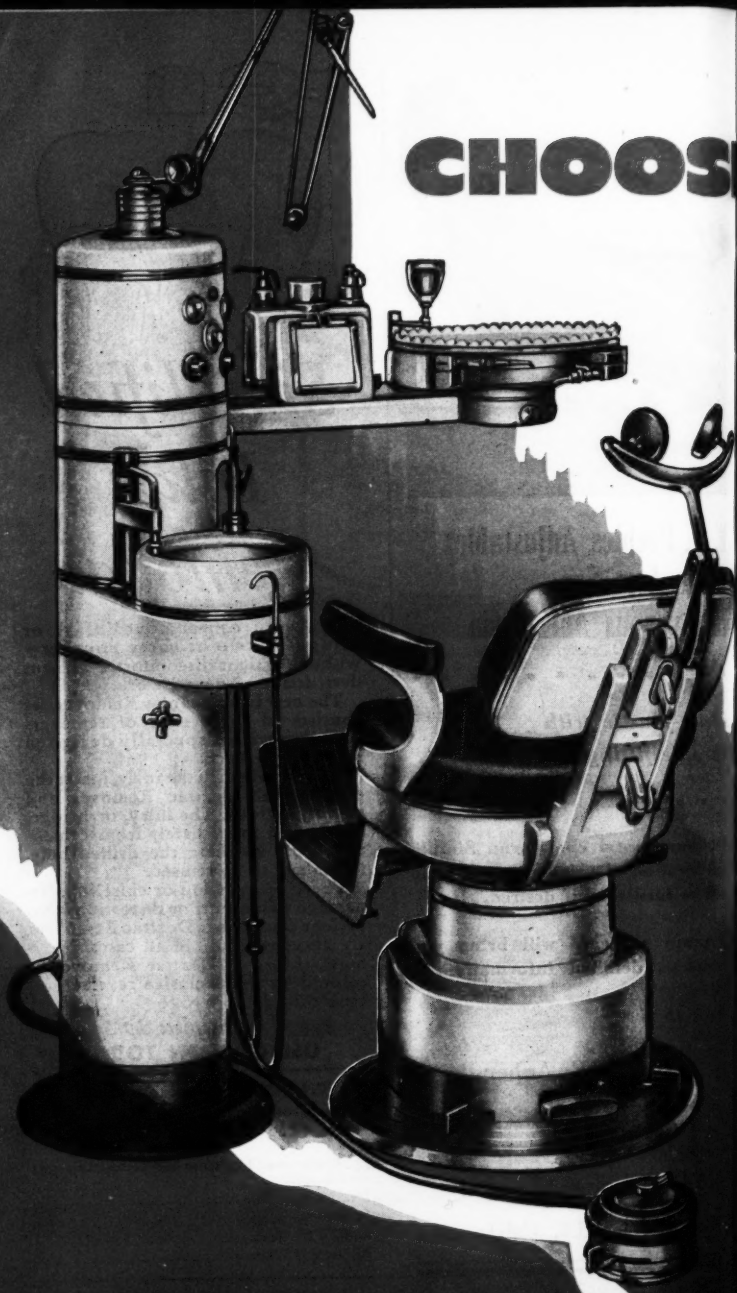
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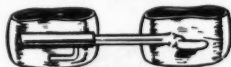
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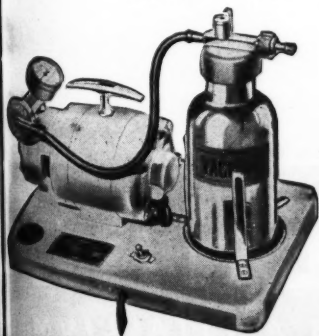
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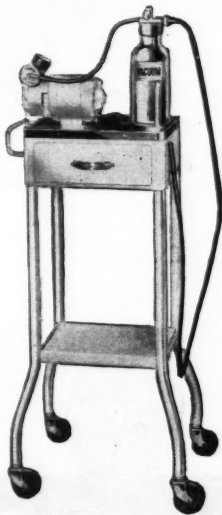


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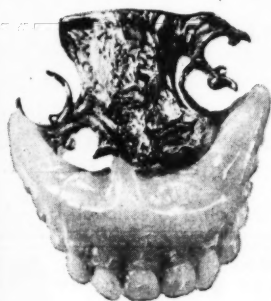


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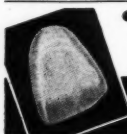


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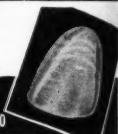
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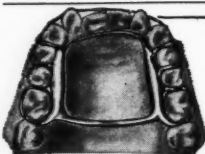
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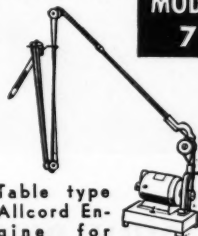


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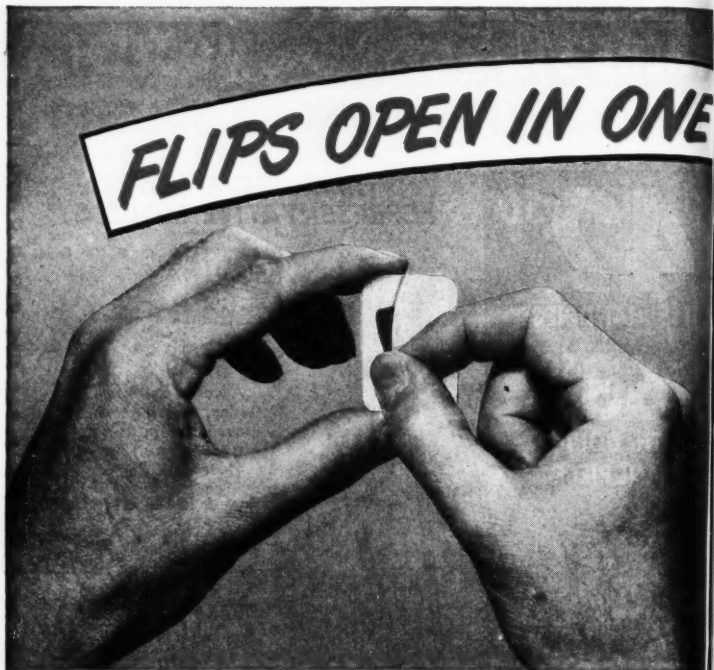
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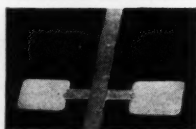


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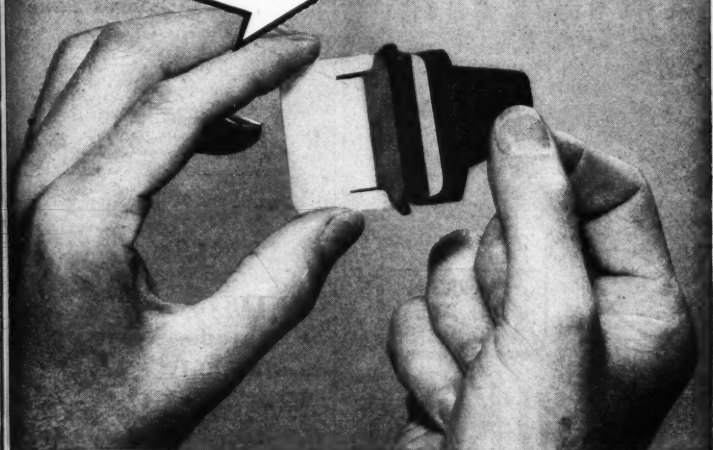


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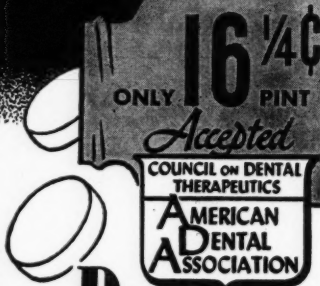
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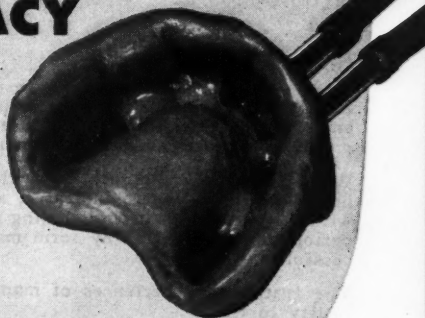
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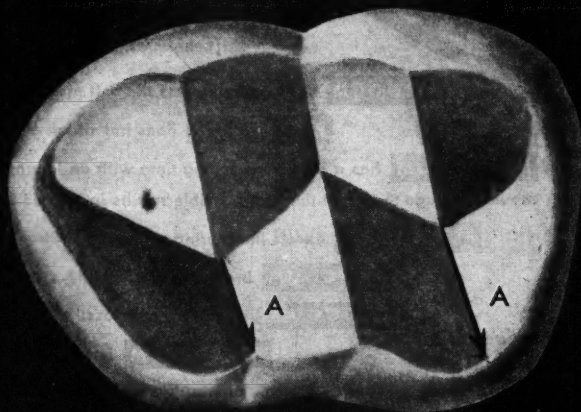
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## AND TO AVOID CUSPAL INTERFERENCE



Note grooves A A in above upper first molar. Lower buccal cusps slide smoothly along these directional arrows with no mechanical interference.

● Note sharp cusp ridges; surfaces that meet at cusp ridges are flat and smooth.

Between lingual cusp ridges, instead of natural sulci there are two grooves directed inward and anteriorly following natural movement of lower jaw. Buccal cusps of lower molar slide along these grooves without mechanical interference. This unusual formation operates to keep cusp ridges sharp and prevent dimensional loss of teeth.

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## BUFFALO PROPHYLAXIS PASTE

There's no need to waste time mixing paste when Buffalo Prophylaxis Paste is so convenient and economical. What's more, patients will truly appreciate the pleasant color and refreshing flavor. It will wash out easily, and retain its color and consistency indefinitely. Made of selected Buffalo Flour of Pumice, you can always count on its cleansing efficiency. 10 oz. jar costs only \$1.75.

# BUFFALO

DENTAL MANUFACTURING COMPANY • BUFFALO 3, N.Y.

# "Gold in California"

When John Sutter accidentally discovered gold in 1848, he could not foresee how he was changing the future of California and the West.

"Gold in California!" spread across the country as if the wind carried the word. Some men grew rich overnight . . . some washed \$1500 worth in one panful of dirt and others took out as much as \$18,000 in one day.

Near Sonora, California, it's said, a funeral was interrupted by a man who, kneeling in the midst of prayer, idly examined the fresh earth of the grave's edge, then cried "Gold." The body was moved aside and the mourners staked out claims.

About half of the estimated 80,000 who reached California in 1849 came overland. It's possible bicarbonate of soda accompanied many of these forty-niners for it was just three years before the Gold Rush that Church & Dwight first began their baking soda business. Our product, sodium bicarbonate, is sold under two brand names, Arm & Hammer Baking Soda and Cow Brand Baking Soda.

No matter what its price, no other product can serve as a better dentifrice than can *pure* sodium bicarbonate, and Arm & Hammer or Cow Brand Baking Soda is U.S.P. Bicarbonate.

Brushing the teeth with bicarbonate of soda reduces L. acidophilus count . . . an important factor in caries control. Soda is extremely effective in removing film . . . brightens teeth safely without harming enamel. Used as a gargle or rinse, soda assures mouth freshness.



**Children's Storybooks**—We'll be glad to send you a free supply of our approved illustrated little storybooks for your waiting room. Just write to us at the address below.



## CHURCH & DWIGHT CO., INC.

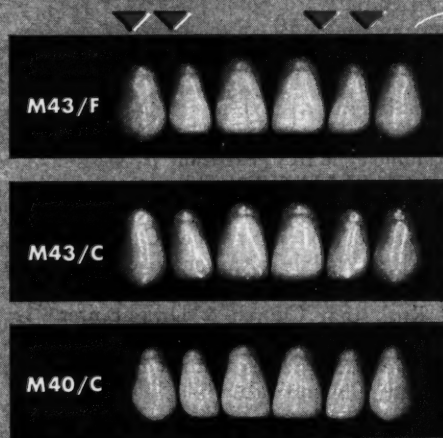
10 Cedar Street

New York 5, N. Y.

BUSINESS ESTABLISHED IN 1846

# Since 1940—the

## co-acting proximal



The set illustrated is a combination of Mold M43/F Centrals—M43/C Laterals—M40/C Cuspids. The proximals co-act and assure definite line contact with full freedom for rotation, elevation or tilting of individual teeth.



# FIVE-PHASE

UNIVERSAL DENTAL COMPANY • 48th at BROOKLYN

XUM

# theried labial surfaces and meated personalized dentures...

The introduction of the lifelike anatomy of Five-Phase Anteriors was based on extensive studies of varied labial surfaces and for the first time, tooth forms were classified scientifically by dominant labial character.

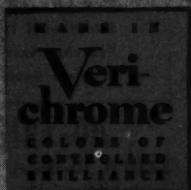
Since then, Doctors select Five-Phase Anteriors by labial character (dominantly curved "C," Flat "F" or a combination of both), to recreate in a denture the individual character of the dentition.

Selection is also simplified to the extreme because Five-Phase Anteriors are arranged in an understandable Co-ordinate Size Mold System. The proximal surfaces of all teeth are co-acting to allow full freedom in transposing teeth from different sets. Each set-up is distinctively different in character... *lifelike appearance.* ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

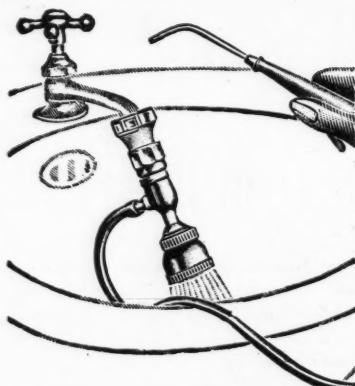


# ANTERIOR

BROOKET • PHILADELPHIA 39, PA.







## The HU-FRIEDY ASPIRATOR

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated respirators.

Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U.S. Government.

Available for Immediate Delivery  
Elevators—All Types  
Scalers—All Types  
Pyorrhea Instruments—All Types  
Surgical Suture Needles

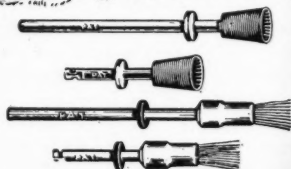
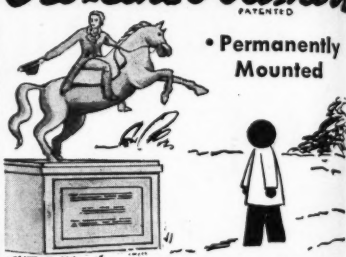
### HU-FRIEDY, INC.

3118 N. Rockwell Street, Chicago, Ill.

## Crescent Polishers

PATENTED

• Permanently Mounted



- Won't Come Loose
- Assures Safety for Patient
- Protection for YOU

**Crescent DENTAL MFG. CO.**  
1839 S. Pulaski Rd., Chicago 23, Ill.

## "Super Absorbent" COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and noncollapsible. They adapt easily into any position, are stretchable and small tufts are quickly detachable.

**DENTAL ABSORBENTS CO.**

619 East Montecito St.  
Santa Barbara, Calif.

FREE SAMPLE  
Use Coupon

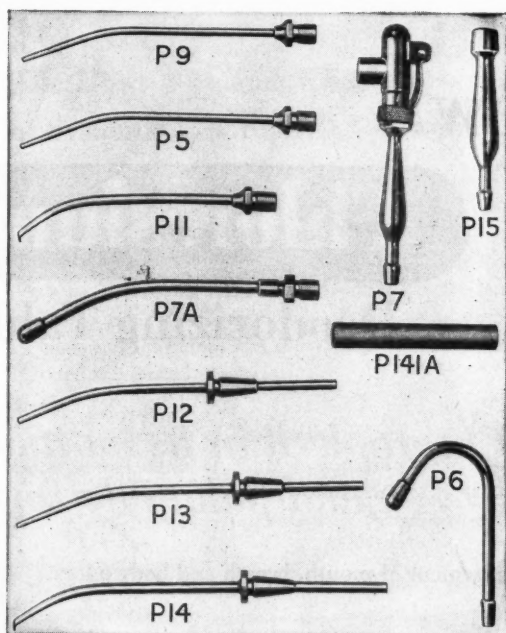
Gentlemen:  
Please send me a free, generous sample  
of DENTAL ABSORBENTS.

DR. \_\_\_\_\_

STREET \_\_\_\_\_

CITY and STATE \_\_\_\_\_





## McKESSON INSTRUMENTS for Use with SUCTION SYSTEMS

P-5	Alveolar Tip	\$ 1.65
P-6	Saliva Ejector	2.00
P-7	Hand Piece with Valve	12.50
P-7A	Tonsil Tip	3.00
P-9	Extraction Tip	1.65
P-11	Extraction Tip with Gum Retractor	1.65
P-12	Alveolar Tip, Slip On	1.65
P-13	Extraction Tip, Slip On	1.65
P-14	Extraction Retractor, Slip On	1.65
P-15	Hand Piece without Valve	3.00
P-141A	Rubber Tubing 1/4" I D, Per Foot	.35

Still Available at your Dealer!



# New!

## Chloresium<sup>®</sup>

### Deodorizing Tablets

*Chlorophyll in its most active  
and palatable form*

For the management of mouth, breath and body odors.

CHLORESIUM TABLETS contain the highly concentrated, purified, water-soluble chlorophyll derivatives—the fractions most active in deodorization.

CHLORESIUM TABLETS are more palatable for prolonged retention in the mouth. CHLORESIUM chlorophyll dissolves completely in the saliva and eradicates mouth odors.

CHLORESIUM TABLETS retained in the mouth, stimulate the flow of saliva necessary for maximum systemic deodorization. A substantial percentage of the chlorophyll in other tablets is inactivated by precipitation in the acid medium of the stomach. With CHLORESIUM CHLOROPHYLL TABLETS, saliva provides the buffering action needed to maintain chlorophyll in solution and permit its passage in active form into the intestine, site of systemic deodorization.

## The How, Why and What of Systemic Chlorophyll Deodorant Therapy

**HOW** does chlorophyll combat breath and body odors?

Water-soluble chlorophyll in sufficient concentration combats malodors by eradicating them at their source—in the intestine. These endogenous odors arise either from the release of preformed odors in foods such as onions and asparagus, or from decomposition of ingested substances.

**WHY** is the eradication of endogenous odors important?

Odorous compounds of endogenous origin are excreted through the lungs, sweat glands and urine. Destruction of these compounds at their site of formation *prevents* their excretion.

**WHAT** odors are not eradicated by systemic chlorophyll therapy?

Chlorophyll given by mouth cannot completely eradicate *exogenous* odors arising in stale perspiration, since chlorophyll is not eliminated in the sweat. Such odors are formed on the skin *after* sweat is excreted, by bacterial decomposition of urea and fatty residues. Complete control of body odors requires local hygienic measures plus systemic deodorization with CHLORESIUM CHLOROPHYLL TABLETS.



CHLORESIUM CHLOROPHYLL TABLETS in boxes of 30 tablets, are available through your local pharmacist. CHLORESIUM TABLETS, like all other CHLORESIUM products, are promoted only to the medical and dental professions.

RYSTAN COMPANY, INC., Mt. Vernon, New York

"We have used **TEMPAK** and find it most useful. It is especially valuable as an intermediate or base in deep seated cavities. We also like its working and setting qualities. It is bland and soothing to hypersensitive dentine and minimizes post operative reaction."

—Prof. of Operative Dentistry.



# Tempak

## TEMPORARY CEMENT

Contains the basic ingredients of Wondrpak. Readily applied and shaped with fingers; works much easier than gutta percha stopping. Mixes like cement. Buy a package from your dealer.

Write us for copy of latest catalog.

**WESTWARD DENTAL PRODUCTS CO.**  
1037 POLK STREET, SAN FRANCISCO 9, CALIF.



**Contra-angles**  
rebuilt \$ 4.85  
**Straight handpieces**  
rebuilt \$10.00

Special types: Densco, Midwest Adjustable, Chayes. Estimates on request.



**Burs Re-Cut** \$4.80 per gross. Introductory 4 doz, \$1.

# SKILL

Our rebuilding service differs from most. Each handpiece housing or shell is fitted not with just stock-size shafts, but shafts that are individually ground to compensate for the particular wear in that housing. Then gears and bearings are fitted, all new, bringing the handpiece back into perfect alignment like it was when new. Only skilled men of many years experience work on your handpieces, men whose master craftsmanship will earn your respect . . . and bring your orders back year after year. Your handpieces will be exceptionally true running and accurate after Mullen Service.

May we serve you?

## NO NEED FOR NEW BURS

Your dull burs will do the same work when ground by **MULLEN BROS.**

The major cost of new burs is for steel and machining the blanks to type and size. You have paid for this when you bought them. There is no need to have this full expense each time you need sharp burs. Just have the blades reground and you have a new bur all over again! We sort and select only the ones worth grinding, then expert craftsmen of long experience grind them to the next size smaller. The work is done under water . . . no temper lost. Result: A BUR THAT REALLY CUTS AND CUTS. The cost is so little, \$4.80 per gross. Introductory offer 4 dozen, \$1. Send us a box of dull burs and you'll be convinced. It really pays dividends!

**DEALERS:** Write for catalog of handpiece repair parts.

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**BURS, HANDPIECES**

# MULLEN BROS.



*time*

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**XYLOCAINE®  
HYDROCHLORIDE  
ASTRA**

(Brand of Lidocaine Hydrochloride)\*

the new **QUICK-ACTING** local anesthetic

Unusually rapid action cuts time  
lag between injection and onset of  
anesthesia. Anesthetic effect is pro-  
found, widely diffused, and well  
within clinical ranges of tolerance.

Bibliography sent upon request.



**ASTRA**

**PHARMACEUTICAL PRODUCTS, INC.  
WORCESTER, MASS. U. S. A.**

\*U.S. Patent No. 2,441,498



Dispensed for dentistry in  
1.5 cc cartridges. 2% solu-  
tion available without  
epinephrine; and with  
epinephrine 1:100,000 or  
1:50,000.

**SOLD THROUGH LEADING  
DENTAL SUPPLY HOUSES**

# DEPTH WITHOUT DANGER

Monocaine 2ME is your assurance of Depth Without Danger in local anesthetic administration! Monocaine 2ME produces anesthesia as deep as a 4% procaine solution, yet its toxicity is that of 2.66% procaine. Induction of anesthesia is rapid; the anesthesia is deep, smooth and safe.

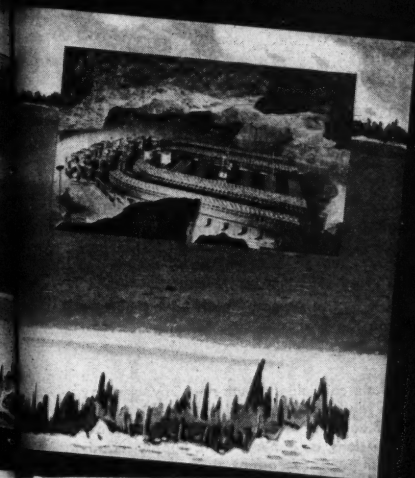
Only Monocaine 2ME offers such depth without danger—it combines great potency with maximum safety. Use Monocaine 2ME in your practice!



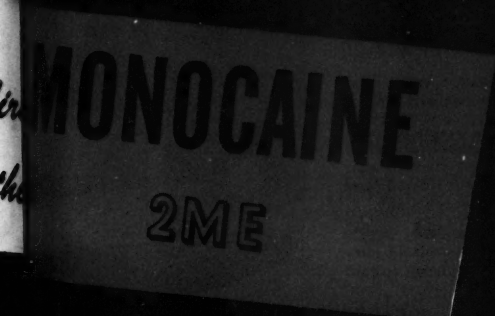
The  
"Safety First"  
Local Anesthetic

XUM





Deep into the very heart of the earth . . . 750 feet below the surface...visitors from all over the world are lowered by speedy elevators to view one of Nature's greatest masterpieces, the Famous Carlsbad Caverns, in New Mexico. Here are the deepest passenger elevators in America, carrying thousands of passengers every month... safely...without mishap... to great depth without danger!



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Command!**

Order *Sterodent Cleanser*  
from your dealer today.

## STERODENT Cleanser

Make *Sterodent* your prophylaxis assistant! It cleans and polishes in one operation... does not harm teeth... clings to brush, won't spatter... works fast, conserves time, costs little!

Patients like its fresh, clean flavor. Save time and money with this prepared cleanser... at a cost of a penny per patient!

Use *Oracenz* coagulant mouth rinse in your spray gun. Strips teeth of mucin quickly. Promotes rapid polishing. Pleasantly useful in prophylaxis, extractions, impressions, as general rinse. Supply included **FREE** with jar of *Sterodent*.

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presents the

## STERI-MATIC Cabinet STERILIZER

A NEW CABINET STERILIZER  
EMBODYING EVERY ADVANCED  
FEATURE FOR MODERN PRACTICE

Heavy gauge steel construction • cast bronze boiler • recessed base • convenient foot lift glass shelf • automatic switch.

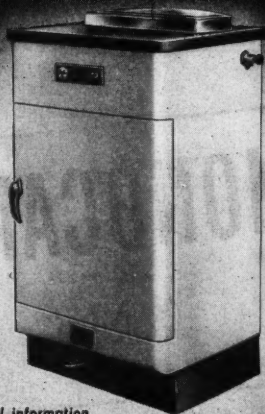
### AUTO-MANUAL LOW WATER CUT-OFF

Automatic boiling control. When sterilizer runs dry, pilot light goes out. Current cuts off, and does not go on again until reset manually.

### AUTOMATIC ECONOMIZER

Indicates when water reaches sterilizing temperatures and automatically reduces current consumption.

See the STERI-MATIC at your dealer, or write for full information



# PROMETHEUS

ELECTRIC CORPORATION  
401 W. 13th ST., NEW YORK 14, N. Y.

*The Analgesic* **BAYER** **ASPIRIN** *for Home Use*  
 BAYER *Genuine*

# Now in Convenient CHILDREN'S SIZE

GROOVED TABLETS EASILY BROKEN



2½ grs. 1¼ grs.

Thirty 2½ grain Tablets 25¢

UNCOLORED  
UNFLAVORED  
CAN'T BE MISTAKEN  
FOR CANDY!

*Write for a package*  
**The BAYER COMPANY DIVISION** • 1450 Broadway • New York 18, N.Y.  
 OF STERLING DRUG INC.

*Right under  
your thumb*



## Powerful Prophylaxis Against Infectious Bacteria

PREVENTION or control of infection is simple, direct, effective with the POWDALATOR Insufflator. Merely aim the tube at any oral wound, squeeze the rubber bulb, and a high concentration of penicillin and sulfonamide powder is dusted evenly over the area.

Such on-the-spot treatment is nonirritating and less apt to cause side-effects than high systemic doses. It deposits the powder mixture in a small socket area where it remains in contact with the bacterial organisms long enough to be fully effective. Try it in your next few cases and note its convenience.

Your usual source can supply you with the POWDALATOR package, which includes an insufflator tube and either 20 or 100 sterile sealed glass tubes, each containing 5000 units of crystalline penicillin G potassium and 0.25 Gm. sulfanilamide—stable at room temperature for 18 months.

Abbott



# Powdalator Insufflator

(Abbott's Penicillin Sulfonamide Powder with Sulfanilamide in Insufflator Tubes)



**YOU WERE CRAMPED FOR SPACE . . .**

**CASTLE CAME UP WITH THIS IDEA**



We saw that most doctors are cramped for space. It was a bothersome problem—but we had an idea . . . in

fact a succession of ideas. We first combined a sterilizer with a storage cabinet—then recessed the sterilizer in the top, and finally added a work table to the combination . . . all at a reasonable price.

Today we call that the Space-Maker. It is fully automatic . . . saves time . . . doubles useful space . . . cuts dozens of unnecessary steps out of your office day. And the cost is small indeed, in proportion to the many times

your investment repays you.

Castle pioneered the cabinet sterilizer. In fact, pioneering is a habit with Castle. It comes from thinking ahead . . . thinking in terms of what is bothering you . . . putting ideas to work for you. The result? You're always ahead when you buy Castle. For more information on the Space-Maker see your Castle dealer or write: Wilmot Castle Co., 1101 University Ave., Rochester 7, N. Y.

#### **Other Castle FIRSTS**

"777" Speed-Clave  
Lifetime Cast-in-Bronze Boiler  
Full Automatic Controls  
Quality Lighting

**Castle**

**LIGHTS AND STERILIZERS**

DESIGNED FIRST TO HELP YOU



## Something to chew on . . .

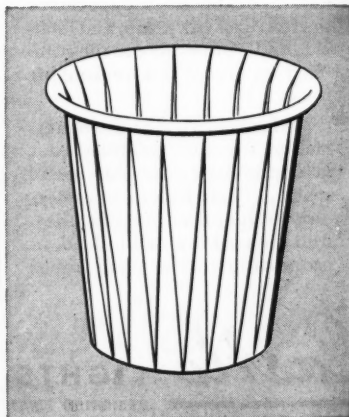
Small details can inspire confidence in your patients. Among these is the individual Lily\* cup . . . which conveys immediately an impression of cleanliness, protection and personal interest.

### Other Uses for Lily Cups

- Mixing Plaster
- Sending Impressions to Laboratory
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\*T. M. Reg. U.S. Pat. Off.  
**LILY-TULIP CUP CORPORATION**  
 122 East 42nd Street  
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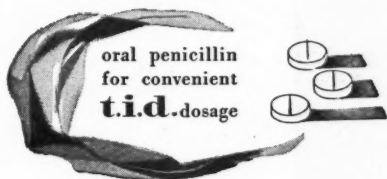




SOMETHING NEW FOR THE DENTAL PROFESSION

# Pentids

Squibb 200,000 Unit Penicillin Tablets



Just 1 or 2 Pentids Tablets t. i. d. are effective in treatment of Vincent's angina, and in prophylaxis against secondary infection before and after tooth extraction and other dental surgery. Pentids are particularly valuable in prevention of endocarditis and rheumatic fever in your patients with congenital or valvular heart disease.

Pentids in t. i. d. dosage are both *convenient* and *economical* . . . eliminate inconvenient 3-4 hour dosage schedules . . . average day's treatment *only*  $\frac{1}{3}$  the cost of other antibiotics. Pentids contain the new 200,000 unit oral penicillin dosage advocated by Keefer<sup>1</sup> and others.<sup>2</sup> Supplied in bottles of 12 and 100 scored, buffered tablets, each containing 200,000 units of crystalline penicillin G potassium.

1. Keefer, C. S., Postgrad. Med. 9:101, Feb. 1951.

2. Flippin, H. F., and Israel, H. L., Med. Clin. North Amer. 34:1653, Nov. 1950.

**SQUIBB** A LEADER IN PENICILLIN RESEARCH AND MANUFACTURE

SQUIBB IS A TRADEMARK OF E. B. SQUIBB & SONS



V-PEN-51 (R)

# NOTHING RELIEVES DENTAIN



**1** By acting *locally*,  
not by systemic  
involvement.

**2** By *stimulating*  
natural pro-  
cesses, not by mask-  
ing them.

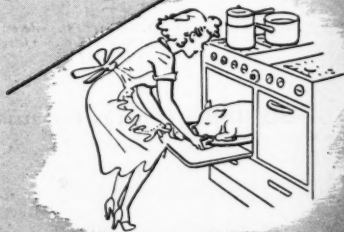
Write for Complimentary  
Supply of Office Samples  
to POLORIS CO., INC.  
Jersey City 2, New Jersey

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## POLORIS

*action*

**Who'd Burn Down a House,  
to Roast a Pig?**



Unli  
whic  
centr  
can a  
ism,  
steri  
upon  
-wit  
men  
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CAR  
DEN

**TAIN THE WAY POLORIS DOES**

# **Relieves pain by DIRECT LOCAL Counterirritant by systemic involvement**

Unlike systemic analgesics, which work through the central nervous system and can affect the entire organism, Poloris Dental Counterirritant acts directly upon the area of pain only—without systemic involvement, or the dangers often inherent in systemic drugs.

Its mild, safe, counterirri-

tant action effectively stimulates capillary activity at the site of congestive tension, promptly relieving pain, and accelerating the reparative process.

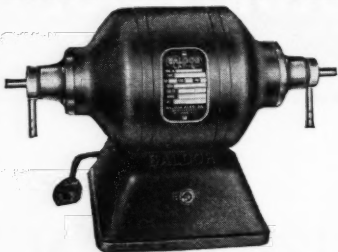
Play safe...specify Poloris Dental Counterirritant for faster, more effective relief in preoperative, postoperative, or emergency pain.

**CAPSICUM — BENZOCAINE  
DENTAL COUNTERIRRITANT**

# **POLORIS**



## Why Dentists like BALDOR Lathe 102



Totally enclosed, dust-proof, trouble-free,  $\frac{3}{4}$  hp, 3400 RPM motor has ball-bearings lubricated for life. Change chucks while lathe is running. Ideal for polishing in dentist's own laboratory.

**Baldor Lathe #102, less chucks, \$39.50**  
Clip this ad to your billhead  
and mail for Bulletin 317-F  
Electrical Motor Specialists for 30 years

**Baldor**

**ELECTRIC CO.**

4372 Duncan Ave.  
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## Why Pay More?

### LONG PLAYING RECORDS

(33  $\frac{1}{3}$  R.P.M.)

**30% Off**

**Factory New!**

**Every Record Guaranteed!**

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For **FREE** Complete Catalogue  
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**REAL  
VALUE**

**WETHERILL SURFACINE TOPICAL ANESTHETIC**

**PROMPT ACTION**  
**WETHERILL SURFACINE**  
**TOPICAL ANESTHETIC** with three Anesthetics,  
Benzocaine, Chlorobutanol and Benzocaine Benzoate,  
in pleasant base. For all Topical Anesthesia.....\$1.00.  
**WETHERILL PRODUCTS CO., Akron 11, Ohio**

**FULL  
OUNCE  
\$1.00**

## TENSION IN THESE MODERN TIMES

Eliminate it in your dental practice with the **KALMOR ANALGESIA DEVICE**. Patient-operated, self-administered analgesia at a cost of a few pennies per patient. The entire **KALMOR** Outfit weighs only one pound—portable and practical. Complete **KALMOR** Outfit with Ethyl Chloride only \$67.50—with Vinethene and Ethyl Chloride only \$77.50. For further information write:

**THE KALMOR MFG. CO., Box 3830, Cleveland 10, O.**



## Scientific control insures consistently accurate adaptation

By early spring, 1949, after considerable study, Durallium researchers arrived at some important conclusions about dental laboratory duplicating materials.

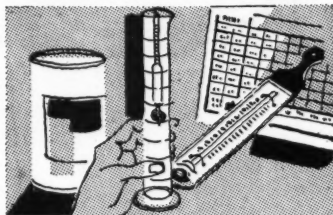
1. They established that the surface detail and size of a master model could be most accurately reproduced with *water-jell materials*. They noted, however, that if too much or too little water was present in such materials, in ratio to other elements, the materials gradually deteriorated and their accuracy was destroyed.

2. They found that dental laboratories had no exact means of maintaining the correct *water-jell ratio*. When water was evaporated, it was of necessity replaced haphazardly. Consequently, when one batch of duplicating material was re-used repeatedly in a dental laboratory, poorly adapted restorations resulted.

To remedy this situation Durallium researchers first developed an entirely new material, which we call Duramold. It is an extremely sensitive duplicating medium, based on the water-jell principle.

They then attacked the problem of keeping the material in its original condition, so as to insure consistently per-

fect refractory models. The researchers were singularly successful. Durallium laboratories now employ a practical, scientifically accurate method of maintaining the original water-jell ratio in Duramold. Because of this unique con-



trol method, Duramold is kept in factory-fresh condition regardless of how frequently or how long it is used. It can *always* be depended on to reproduce every detail of a master model.

Duramold and the Duramold control method, as important parts of the Durametric Technique, are representative of the precise materials and procedures employed exclusively by Durallium laboratories. With Durallium and Durametrics, these laboratories are equipped to give you cast restorations that are unparalleled for accuracy and detail—unequalled for patient comfort and satisfaction.

Watch for the unique  
Centrimetric System of Denture Construction...available soon  
through your Durallium laboratory



# Durallium

**PRODUCTS CORP.**

809 W. Washington Blvd., Chicago 7, Ill.

How chrome alloys differ... **#4** in a series



**"go  
with  
the grain,  
doctor!"**

You know — "The finer the grain, the stronger the metal." Only TICONIUM of the chrome alloys has fine grain structure! That gives you stronger cases, resilient clasps — and TICONIUM is famous for accuracy. Different? Of course! Hydrocolloid duplicating material; controlled plaster-bound investment; exclusive electric melting technique; assure fine grain structure — exclusive with your TICONIUM laboratories.

**Ticonium**

*is different . . . better . . . SURE*

TICONIUM — 413 N. PEARL ST., ALBANY 1, N. Y.

PLEASE MAIL BROADSIDE, "THE DIFFERENCE  
BETWEEN CHROME ALLOYS."

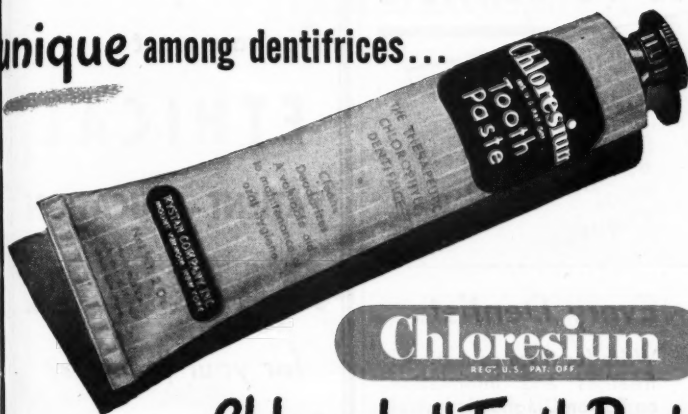
DR.....

STREET.....

CITY.....ZONE.....STATE.....



unique among dentifrices...



**Chloresium**

REG. U.S. PAT. OFF.

## Chlorophyll Tooth Paste

**Prophylactic adjunct,  
therapeutic and deodorizing agent**

Only CHLORESIUM TOOTHPASTE offers your patients all these advantages:

- fosters maintenance of normal tissue tone
- promotes healing in gingival disorders
- markedly reduces mouth odors
- reduces count of acid-producing bacteria in the mouth
- cleans teeth safely and effectively
- refreshing taste encourages regular daily use

When you recommend CHLORESIUM TOOTHPASTE — promoted only to the dental profession — you provide outstanding daily home care for your patients.

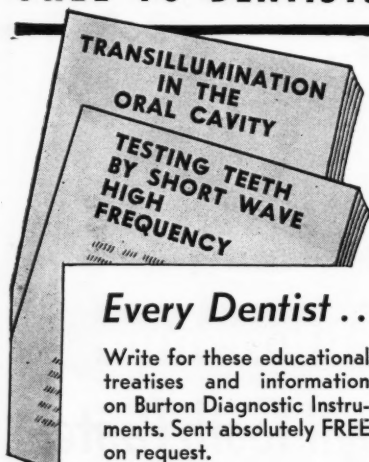
**in gingivitis...**

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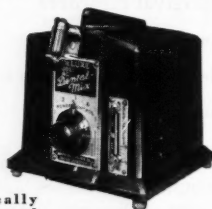
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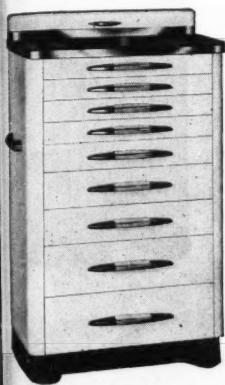
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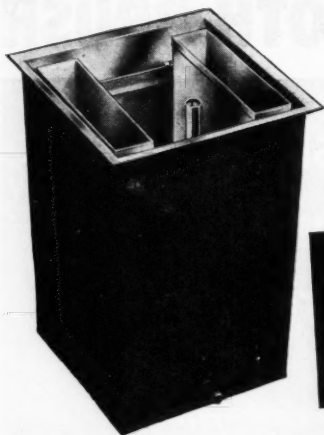
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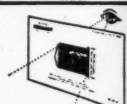
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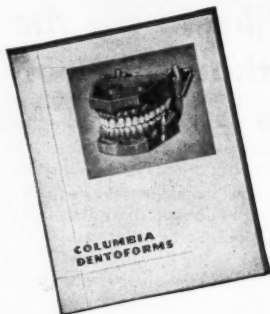
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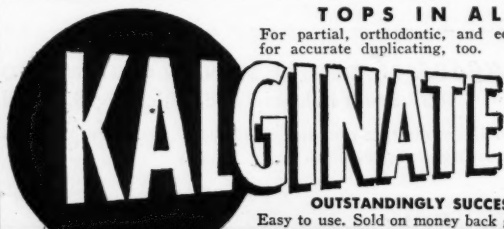
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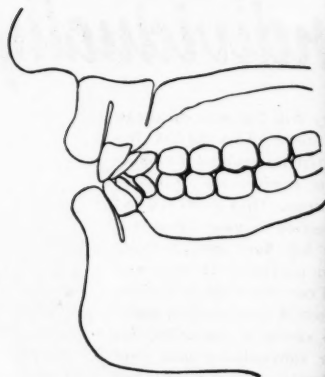


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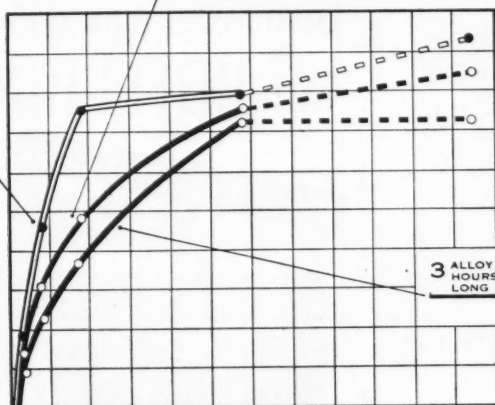
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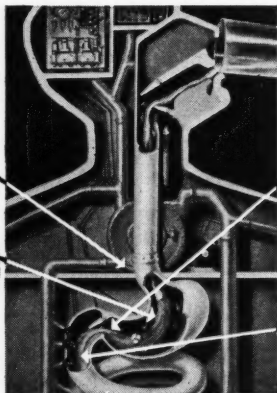


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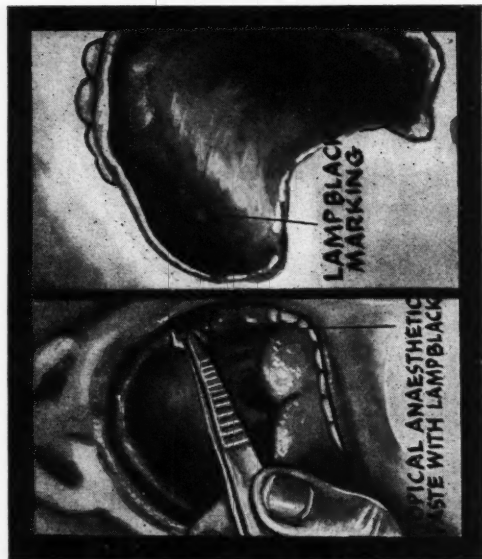
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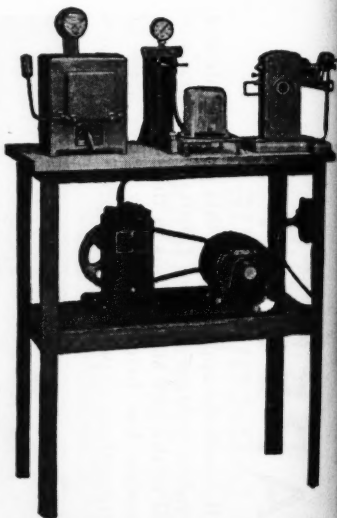
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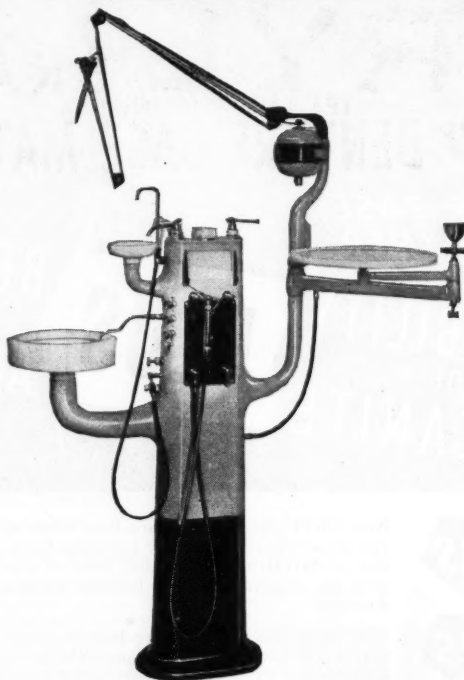
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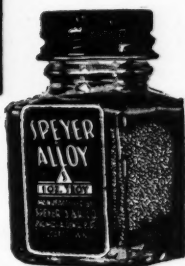
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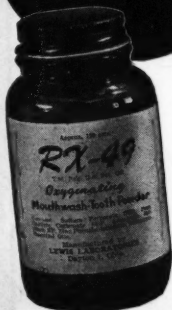
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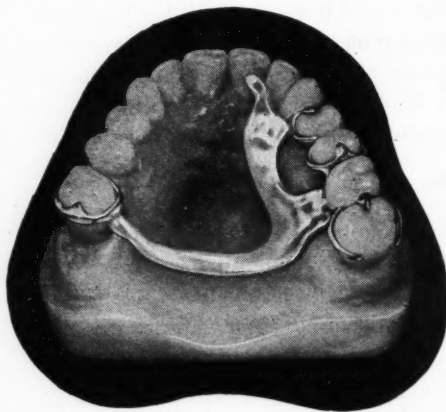
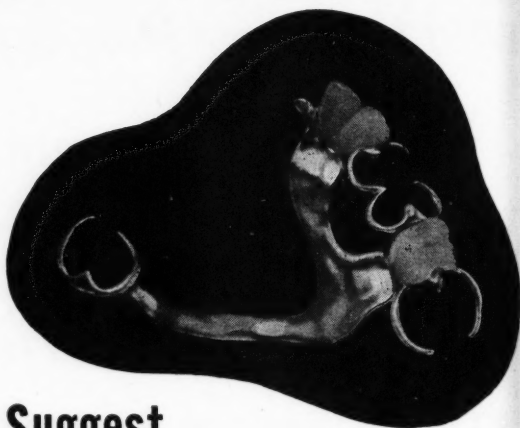
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REFERENCES: 1. Henschel, C. J. and Lieber, L.: J. Dent. Research, 28:248, 1949. 2. Kirchheimer, W. F. and Douglas, H. C.: J. Dent. Research, 29:320, 1950. 3. Lefkowitz, W. and Tanchester, D.: N. Y. Dent. J., 16:297, 1950. 4. Stephan, R. M.: J. Dent. Research, 22:63, 1943.

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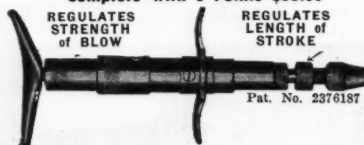
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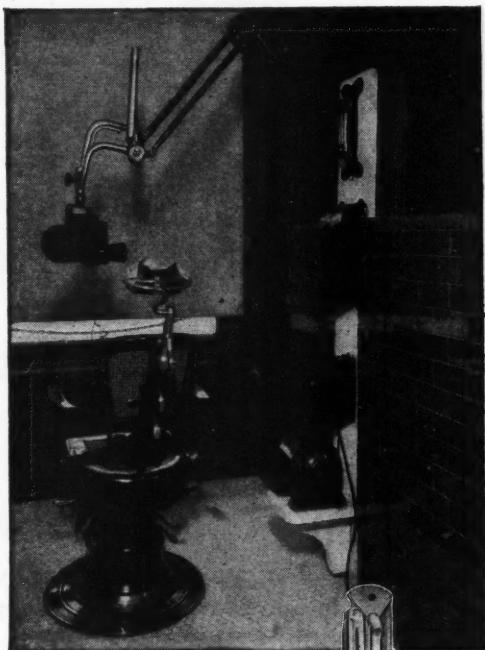
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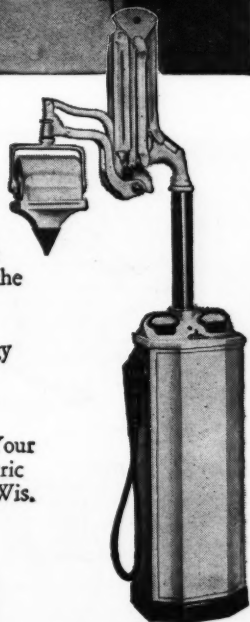
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Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

Abbott Laboratories	876
Aderer, Inc., Julius	791
Alconox, Inc.	903
Allison Co., W. D.	887
Ames Co., W. V-B	799
Amm-I-Dent, Inc.	916-17
Anacin Co.	765
Ash Sons & Co., Inc., Claudius	897
Astra Pharmaceutical Products, Inc.	871
Austenal Laboratories, Inc.	852-53
Baker & Co., Inc.	912
Baldor Electric Co.	882
Bard-Parker Co.	899
Bayer Co.	875
Boos Dental Laboratories, Inc., Henry P.	786-87
Bosworth Co., Harry J.	862
Bristol-Myers Co.	902-4th cover
Buffalo Dental Mfg. Co.	862
Burton Mfg. Co.	886
Camel Cigarettes	798
Castle Co., Wilmot	877
Caulk Co., The L. D.	900-01
Central Dental Mfg. Co.	910
Chandler Record Systems	894
Church & Dwight Co., Inc.	863
Cleveland Dental Mfg. Co.	2nd cover
Clinic Shoemakers, The	850
Coe Laboratories, Inc.	859
Colgate-Palmolive-Peet Co.	894
Columbia Dentiform Corp.	894
Columbus Dental Mfg. Co.	839
Congoleum-Nairn, Inc.	895
Cook-Waite Laboratories, Inc.	780-81-783
Corea Chemical Co.	905
Cosmos Dental Products, Inc.	793
Crescent Dental Mfg. Co.	850-866-893
Dee Gold, Handy & Harman	775
Dental Absorbents	866
Dental Perfection Co.	888-920
Dentists' Supply Co., The	924
Dewey School of Orthodontia	892
Dresch Laboratories Co.	794
DuPont de Nemours & Co., E. I.	856-57
Duralium Products Corp.	883
Eastman Kodak Co.	776-77
Fantazn Laboratories	918
Fedders-Quigan Corp.	779
Fleer Corp., Frank H.	915
Florida Citrus Commission	771
Foredom Electric Co.	855
Forhan Co.	802
Funk Sales Corp.	858
General Electric X-Ray Corp.	919
Getz Corp., William	909
Goldsmith Bros. Smelting & Refining Co.	788
Gomco Surgical Mfg. Corp.	851
Hatch Co., B. G.	858
Herman, John E.	854
Hu-Friedy Mfg. Co.	866
International Nickel Co., Inc.	914
Jelenko & Co., Inc., J. F.	800
Johnson & Johnson	845

Kalmor Mfg. Co.	84
Kerr Mfg. Co.	784
Kolynos	784
Lavoris Co.	84
Lederle Laboratories	784
Lewis Laboratories	784
Leyden Professional Apparel Co.	784
Lilly Tulip Cup Corp.	784
Luxene	784
Lyons Tooth Powder, Dr.	784
Master Appliance Mfg. Co.	84
McKesson Appliance Co.	84
McKesson & Robbins, Inc.	784
Melite Co.	784
Mullen Bros.	879
Myerson Tooth Corp.	789-90
Nobilium Products, Inc.	772
Novocol Chemical Co.	872-83
Num Specialty Co.	84
Oral B Co.	904
Ordont Orthodontic Laboratories	84
Parke, Davis & Co.	84
Peebles, Dr. E. A.	84
Pfingst & Co.	797-94
Pfizer & Co., Inc., Chas.	886
Polaris Co., Inc.	880-81
Premier Dental Products Co.	774
Professional Printing Co.	840
Prometheus Electric Corp.	874
Prophylactic Brush Co.	889
Record Haven, Inc.	882
Reliance Dental Mfg. Co.	784
Reynolds Tobacco Co., E. J.	784
Rinn X-Ray Products, Co.	784
Ritter Co., Inc.	766-67
Rystan Co., Inc.	868-69-80
Schneider, M. W.	84
Silvodent Co.	84
Skapyor Corp. of America	84
Smith & Son Mfg. Co., Lee S.	84
Smith-Nelson Corp.	84
Speyer Smelting & Refining Co.	911
Spyco Smelting & Refining Co.	3rd cover
Squibb & Sons, E. R.	879
Sterile Products Co.	874
Stewart Co.	889
Stim-U-Dents, Inc.	784
Surgident, Ltd.	84
Ticonium	84
Torit Mfg. Co.	84
Union Broach Co., Inc.	892-91
Universal Dental Co.	864-65
Vernon-Benshoff Co.	84
Vick Chemical Co.	84
Wernet Dental Mfg. Co.	84
Westward Dental Products Co.	84
Wetherill Products Co.	84
White Dental Mfg. Co., The S. S.	848-49-50
Whitehall Pharmaceutical Co.	765-784
Williams Gold Refining Co.	84
Wilmot Castle Co.	84
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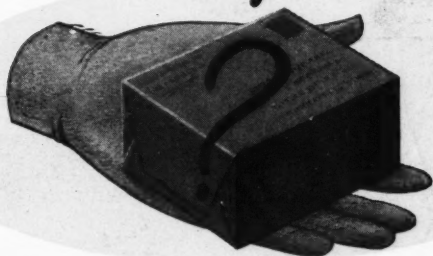
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A: The total valuation of the  
complete precious metal content—  
including Gold, Platinum,  
Palladium, and Silver

Every grain of precious metal in your bridges, casting gold, filings, polishings, sweepings and amalgam scrap that you ship Spyco is recovered by Spyco's accurate, metallurgical process—and FULL payment promptly forwarded. Today, it is more important than ever to use our dependable, time-tested refining service and get "everything that's in it." If you prefer faster action and a check by return mail, shipments can be estimated by Spyco's careful, long-experienced estimators. For maximum returns, send Spyco your precious metal scrap in any form or combination.

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